2020 Election of Members to the Board of

Bord Altranais agus Cnáimhseachais na hÉireann

The Nursing and Midwifery Board of Ireland

**Nomination Form**

**Part A**

Part A to be completed by the nurse or midwife being nominated for election.

**Personal details of nominee**

|  |  |
| --- | --- |
|  Surname |  |
|  Forename(s) |  |
|  Registered address (i.e. address on the NMBI Register) |  |
|  Personal  Identification  Number (PIN) |  |
|  Email address |  |
|  Telephone number |  |

**Category for election**

Please state the category for member election for which nomination is sought:

|  |  |
| --- | --- |
| **Category** | **Please √ as appropriate** |
| 1. A registered nurse from the practice of general nursing engaged in clinical practice
 |  |
| 1. A registered nurse from the practice of children’s nursing
 |  |
| 1. A registered nurse or a registered midwife employed in the public health sector and engaged in the education of nurses or midwives
 |  |

**Eligibility details of person being nominated**

Please provide information describing how you qualify for nomination in this category for which you are seeking election.

Please include details of your current post, length of time in this post, job title and description of your main duties and responsibilities

Please include details of any supporting qualifications that you consider may be relevant to your nomination eligibility.

Please complete the attached sheet. You may attach further additional sheets to this Nomination Form detailing this information if required.

**Eligibility details**

|  |  |
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**Nominee declaration**

**I hereby declare that I am a registered nurse/midwife and that:**

1. I have not served as a member of the Board for two terms or more;
2. I am not a member of either House of the Oireachtas or of the European Parliament;
3. I have not been declared bankrupt;
4. I have not made a composition or arrangement with creditors;
5. I have not been convicted of an indictable offence;
6. I have not been convicted of an offence involving fraud or dishonesty;
7. I have not been the subject of an order under section 160 of the Companies Act 1990;
8. I have not been sentenced to a term of imprisonment by a court of competent jurisdiction;
9. I have not been removed by a competent authority for any reason (other than failure to pay a fee) from a register established for the purpose of registering members of a profession in the State or another jurisdiction.

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

**Nomination consent**

I consent to be nominated for election to the Board of Bord Altranais agus Cnáimhseachais na hÉireann/the Nursing and Midwifery Board of Ireland.

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

**Part B**

**Part B to be completed by the nurses or midwives nominating a person for election.**

We, the undersigned, being registered nurses/midwives whose names are entered in the Register as maintained by Bord Altranais agus Cnáimhseachais na hÉireann/ the Nursing and Midwifery Board of Ireland, hereby nominate for election to the Board of Bord Altranais agus Cnáimhseachais na hÉireann under category:

(please insert the category name) the registered nurse/midwife named hereunder.

**Name of person to be nominated**

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Personal IdentificationNumber (PIN) |  |

**Details of persons nominating**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Address | PIN |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |