



Nomination Form for role of INMO National Safety Health and Welfare Representative

To be eligible for nominations a member must:

- i) Have been a paid-up member of the Organisation for not less than two years prior to the date of her/his nomination and be on the Live Register of The Nursing and Midwifery Board of Ireland; and
- ii) Be proposed and seconded by Officers of their Branch or Section, following endorsement of the candidate by that Branch or Section.

We, the undersigned, being members of the Organisation, and official Officers of our Branch/Section, hereby nominate:

NAME OF CANDIDATE: _____

GRADE: _____ DISCIPLINE: _____

INMO No. _____ Contact Tel. No: _____

CANDIDATE'S WORK ADDRESS: _____

CANDIDATE'S HOME ADDRESS: _____

PROPOSER: _____ INMO No. _____ Contact Tel. No. _____

List which Branch/Section of which you are an officer: _____

SECONDER: _____ INMO No. _____ Contact Tel. No. _____

List which Branch/Section of which you are an officer: _____

Approved by Branch /Section Meeting held on: _____ Signed By: Officer: _____

CONSENT OF NOMINEE: *I hereby consent to be nominated for the role of INMO, National Safety Health and Welfare Representative.*

Signature: _____

**COMPLETED NOMINATION FORMS MUST BE SUBMITTED VIA POST OR EMAIL TO:
THE GENERAL SECRETARY, INMO, THE WHITWORTH BUILDING, NORTH BRUNSWICK STREET,
DUBLIN 7 OR EMAIL gspoffice@inmo.ie ON OR BEFORE 24th OCTOBER 2022, TOGETHER WITH
PHOTO, BRIEF BIOGRAPHICAL DATA AND POLICY STATEMENT.**