## Nomination Form

If you think you know the right person for this District Commissioner role, please complete the nomination form below. Nominating an individual does not commit them to applying, but, if they choose to, they will be required to complete a more thorough application form.

|  |
| --- |
| ...Please insert necessary GDPR statement here... |
| Nominee’s details |
| Name |  |
| Telephone number |  |
| Email address |  |
| Please outline why you felt motivated to nominate this person for the role of District Commissioner: |
|  |
| Your details |
| Nominated by |  |
| Telephone number |  |
| Email address |  |
|  |  |
| Please return this form to: |  |
| The closing date for receiving nominations is: |  |