



MHN Board Member Nomination Form

Thank you for nominating yourself for our board positions, please indicate below which position you are nominating for – Allied Health Professional or Service User Representative.

Position nominating for		
Name		
Sponsoring organisation		
Email		
Contact number		
Nomination supported by		
(sponsoring organisation		
contact name, role and		
email address)		
Please provide a statement	below on what you would bring to the position.	
(no more than 200 words)		
I confirm that I agree to stand for election as the above indicated representative of the Mental Health Network Board:		
Signed:	Date:	
(signature by sender email address	ss acceptable)	

This form should be returned in Word document format by **17:00 Monday 28 June 2021** to MHNelections@nhsconfed.org.