MHN Board Member Nomination Form

### Thank you for nominating yourself for our board positions, please indicate below which position you are nominating for – Chief Executive or Nurse Director representative.

|  |  |
| --- | --- |
| **Position nominating for** |  |
| **Name** |  |
| **Sponsoring organisation** |  |
| **Email** |  |
| **Contact number** |  |
| **Nomination supported by** (sponsoring organisation contact name, role and email address) |  |

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| --- |
| **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 acceptable)

This form should be returned in Word document format by **17:00 Friday 11 February 2022** to MHNelections@nhsconfed.org.