

Photo

4×6

Charity Number: 1034937

HALESOWEN / DUDLEY YEMENI COMMUNITY ASSOCIATION

ELECTIONS NOMINATION FORM



I WOULD LIKE TO NOMINATE MYSELF AS A CANDIDATE FOR ELECTION TO THE MANAGEMENT COMMITTEE OF THE HALESOWEN/DUDLEY YEMENI COMMUNITY ASSOCIATION. I CONFIRM THAT I AM A FULLY UP TO DATE PAID MEMBERSHIP WITH NO ARREARS TO MY MEMBERSHIP SUBSCRIPTION.I ALSO CONFIRM I HAVE BEEN A MEMBER FOR TWO YEARS OR MORE . IF I AM SUCCESSFUL I WILL ABIDE BY THE CONSTITUTION, POLICIES AND PROCEDURES OF THE H/DYCA. I AM AWARE THAT ALL WORK I CARRY OUT WILL BE ON A VOLUNTARY BASIS. I ALSO AM AWARE THAT I HAVE TO DECLARE ANY OTHER ROLES OR ACTIVITIES THAT ARE A CONFLICT OF INTEREST WHICH COULD POTENTIALLY VOID MY NOMINATION OR ELECTION INTO THE MANAGEMENT

FULL NAME:			
DATE OF BIRTH:	/	/	PLACE OF BIRTH :
ADDRESS:			
POSTCODE:			
TELEPHONE:			
MEMBERSHIP NO:			
SIGNATURE:			
DATE:			

BY COMPLETING THIS FORM, I GIVE PERMISSION FOR MY DATA TO BE HELD IN HALESOWEN /DUDLEY COMMUNITY ASSOCIATION DATABASE/S AND AGREE THAT THE ASSOCIATION MAY PROCESS PERSONAL DATA RELATING TO ME FOR ADMINISTRATION AND /OR MANAGEMENT PURPOSES. H/DYCA WILL NOT SHARE ANY INFORMATION WITH OTHER PARTIES.

ALL CANDIDATES FOR ELECTION TO THE MANAGEMENT COMMITTEE MUST SIGN THE STATEMENT OF CONSENT ON THEIR NOMINATION

STATEMENT OF CONSENT

I CONFIRM THAT I HAVE AGREED THAT MY NAME TO BE PUT FORWARD FOR ELECTION AS ABOVE

NAME:

DATE:

SIGNATURE:

POSITION FOR NOMINATION:

COULD YOU PLEASE STATE WHY YOU THINK YOU ARE A SUITABLE CANDIDATE TO BE NOMINATED? -----

As A MEMBER OF THE H/DYCA MANAGEMENT COMMITTEE? WHAT ARE YOUR PLEDGES TO SUPPORT THE

H/DYCA AND THE COMMUNITY? -----

THIS FORM MUST BE RETURNED TO THE HDYCA ,HALESOWEN CULTURAL CENTRE,HIGHFIELD LANE,HALESOWEN, WEST MIDB63 4SG INFO@YCA-HALESOWEN.ORG.UK NO LATER THAN DEADLINE FROM THE NOMINATION DATE END THIS APPLICATION IS INVALID WITH OUT ONE PASSPORT SIZED PHOTOGRAPH. NOTE: THIS FORM WILL BE ASSESSED BY AN INDEPENDANT PANEL

REHABILITATION OF OFFENDERS ACT 1974

BY JOINING THE MANAGEMENT COMMITTEE YOUR WORK MAY INVOLVE WORKING WITH CHILDREN, OTHER VULNERABLE GROUPS OR IN POSITIONS OF TRUST THAT ARE EXEMPT FROM THE PROVISIONS OF THE REHABILITATION OF OFFENDERS ACT 1974

. YOU MUST THEREFORE DISCLOSE DETAILS OF CAUTIONS, REPRIMANDS, FINAL WARNINGS AND CONVICTIONS, INCLUDING 'SPENT CONVICTIONS'. ANY FAILURE TO DISCLOSE SUCH INFORMATION COULD RESULT IN DISMISSAL FROM THE MANAGEMENT COMMITTEE. ANY INFORMATION GIVEN WILL BE TREATED AS CONFIDENTIAL AND WILL BE CONSIDERED ONLY IN RELATION TO THE ROLE TO WHICH THE ORDER APPLIES.

DECLARATION

HAVE YOU AT ANY TIME RECEIVED, OR DO YOU HAVE PENDING, A CAUTION, REPRIMAND, FINAL WARNING OR CONVICTION?

IF YES, PLEASE GIVE DETAILS: -----

AN UP TO DATE IS D.B.S IS REQUIRED IS REQUIRED BEFORE SUBMITTING THIS APPLICATION FORM PLEASE CONTACT HR FOR MORE INFORMATION

MEMBERSHIP

I DECLARE THAT I HAVEN'T HAD MY MEMBERSHIP FROM H/DYCA SUSPENDED WITHIN THE PAST 5 YEARS.

YES NO

- THIS SECTION BELOW MUST BE COMPLETED BY THE SECONDER WHO IS OF NO RELATION AS A FAMILY MEMBER.

NOTE: THE SECONDER MUST BE A FULLY PAID UP TO DATE ASSOCIATED MEMBER WITH NO SUBSCRIPTION ARREARS OTHERWISE THE NOMINATION WILL BE INVALID.

- THE SECONDER NAME: 1 -
- THE SECONDER NAME: 2 -
- IF YOU WOULD LIKE FURTHER INFO ABOUT JOINING THE MANAGEMENT COMMITTEE, PLEASE CALL US ON 0121 5851261 WHERE A MEMBER OF THE MANAGEMENT COMMITTEE WILL BE HAPPY TO DISCUSS WITH YOU. OR
- VISIT : WWW.YCA-HALESOWEN.ORG.UK
- IF YOU WISH TO BE NOMINATED FOR ELECTION TO THE MANAGEMENT COMMITTEE OF H/DYCA YOUR NOMINATION FORM MUST BE SIGNED BY YOU AND SECONDED BY ANOTHER MEMBER OF H/DYCA

NAME:	DATE: / /	SIGNATURE:
-------	-----------	------------

- NOTE: APPLICANT MUST BE A UK CITIZEN OR HAS PERMANENT SETTLEMENT STATUS. EVIDENCE WILL BE REQUIRED BEFORE NOMINATION.
- NOTE: DBS CERTIFICATE WILL BE REQUIRED WITH RETURN OF NOMINATION FORM
- NOTE: THIS FORM SHOULD BE FILLED IN CORRECTLY AND FULLY IN ENGLISH OTHERWISE IT WILL BE INVALID.