**RCOT REGIONAL COMMITTEES**

**NOMINATION FORM FOR REGIONAL COMMITTEE VACANCY**

**The proposer and seconder of this nomination must be members of RCOT**

|  |
| --- |
| Name of Nominee:  |
| COT Region: |
| COT Regional Committee Role: |
| COT No:  |  |
| Work Address: | Private Address: |
|  |  |
|  |  |
|  |  |
| Post Code:  | Post Code:  |
| Tel No:  | Tel No:  |
| Email: | Email: |

\*Please clearly state your preferred address and email address for contact

1. **STATEMENT**. Please write a short statement in support of your nomination in the box below. (No more than 100 words):

|  |
| --- |
|  |

2. **DECLARATION**. I agree to be nominated as member of the RCOT ………………………………………………………………..

Signature…………..…………………………………………… Date ……………………

3. **PROPOSER**…….……………………………………………… BT No.……………..

(BLOCK CAPITALS PLEASE)

Signature………..……………………………………………… Date ……………………

4. **SECONDER**…………………………………………… BT No. ………………………

(BLOCK CAPITALS PLEASE)

Signature……….…………………………………………….… Date ……………………

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| --- |
| DEADLINE for return of nomination form: 31st August 2017 |

Please return to: Olivia.Lokko@cot.co.uk