



# Put your name forward to be a **Foundation Trust Governor**



This form can also be completed online: hub.ukevote.uk/uhmb















# **My Details**

#### **Please use BLOCK CAPITALS**

First name:						Surname:					
Name as you	ı want it	to appear	on the l	pallot pa	oer:						
Title (e.g. Mr	r, Mrs Ms,	, Dr):		Address:							
Postcode:					Dat	e of Birth:					
Email Addres	ss:										
Telephone N	umber:										
Preferred Contact Method: Telephone: Email: Post:											
We are asking for your address, telephone number and email address in case we need to contact you. We will not give this information to a third party. We will acknowledge receipt of your completed form by post but please tell us your preferred option if we need to get in touch about something else.											
The Trust welcomes nominations from members of any age (16 or over), race, colour, religious belief, ethnic or national origin, sexual orientation, gender, disability or marital status.											
									<u></u>		
My C	ons	titu	enc	y							
Please tell us member of.				e a			5		,		
Public Constituency:											
Lancashire and North Yorkshire SOUTH LAKELAND AND WEST AND NORTH CHARPIA											
South Lakeland and North Cumbria AND WEST CUMBRIA											
Barrow and West Cumbria											
Staff Constit	tuency:							)			
Nursing and Midwifery											
Community Services LANCS AND N. YORKS											
Estates and Facilities											
Allied Health	n Professi	ionals			7						

#### **IMPORTANT**

You must be a member of the constituency for which you wish to stand in order for your nomination to be valid.

## **My Election Statement**

#### You need to tell us why you would like to be a Governor

You can either hand-write this or you can type it on a separate piece of paper and attach it to the back of this form. You can also send your statement by email to uhmb@uk-engage.org. An online version of the nomination form is available at hub.ukevote.uk/uhmb

Whatever you write here will be sent to all of the other members in your constituency so that they can read it.

You can only write up to 250 words in total. If you write more than 250 words the extra words will not be sent to people to read. We will copy what you write exactly how it is written which means that you need to be careful not to make any mistakes. If you do not want to write anything we will just tell people who are voting that "statement not received."

Please answer the questions on the next two pages by writing under each question in the space below.

	I use no more than 20 of your 250 words to answer the first question. You may divide the 230 words between the other two questions as you choose.
Ple	ase tick here if you have emailed your statement to uhmb@uk-engage.org
<b>1.</b> In no r	more than 20 words, tell the voters why they should vote for you.
2. Why	do you want to be a governor?

3. What experience and skil	ls do you feel you could bring to	the role?
		Total no. of words

# **Declaration of Interests**

# This part of the form is a legal requirement

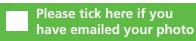
1. Are you a member of a political party?			
This means that you pay a membership fee to the Pathe Conservative Party, the Green Party, the Labour	The second secon	_	
Yes: No: If you ticked Yes, please wi	rite the name of	the party:	
1. Do you have any financial interest, or any conflict	of interest in th	e Trust?	
An example of this would be someone who is paid t	o provide goods	or services	s to the Trust.
Yes: No: If you ticked Yes, please wi	rite what the into	erest is bel	ow:
<b>Declaration of Eligib</b>	ility		This part of the form is a legal requirement
I, the above named candidate, consent to my nomin of Governors. I also declare that I am eligible to be a for this constituency.  The Declaration of Eligibility  17.1 The following may not become or continue as a	sentence of imprise	onment (whe	
member of the Council of Governors:  17.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;	application to the	of disclosure Disclosure Ba	s obtained through an rring Service, a person who an to be a fit and proper
17.1.2 a person in relation to whom a moratorium period under a debt relief order applies under Part 7A Insolvency	person to hold the	office of goverst be at least	vernor; 16 years of age at the date
Act 1986; 17.1.3 a person who has made a composition or arrangement with, or granted a Trust deed for, his creditors and has not been discharged in respect of it; 17.1.4 a person who within the preceding five years has been convicted in the British Islands of any offence if a	17.3 Further provisindividual may not	ions as to the become or c	e circumstances in which an ontinue as a member of the t in Annex 5 of the
I declare that I am a member of the Trust and I am e constituency.	ligible to stand	and vote ir	n the election for this
I understand that I am providing UK Engage with powithin the definition of the General Data Protection explicitly to UK Engage (and any other data process data and any sensitive personal data about me for an	n Regulation. By sors and controll	completing ers it uses)	g this form I consent processing any personal
Where I disclose to UK Engage personal data relating on their behalf and have informed them of the idento their data and the purpose (as set out above) for	ng to a supportentity of UK Engag	or other ige as the d	ndividual, I give consent lata controller in relation
If you are happy for the Trust to send this information sign below and write the date you have signed the	on out to all mer		•
Signature:		Date:	

## My photo

If an election takes place your election statement will be published, along with a photograph if you wish to provide one.

Please write your name on the back of your photograph and fix it on to the box on the right.

Fix your photo here
or email it to
uhmb@uk-engage.org



## **Close of Nominations**

You received a return envelope with this nomination form. When you have finished filling in everything on the form you will need to put it in the envelope.

You do not need to put a stamp on the envelope. Simply put it in a post box. We must receive your completed form by **5pm on Friday**, **12 August 2022**.



It is very important that we get your form by this time because if we don't, people will not be able to vote for you.

When we receive your form we will write to you to let you know. If you do not hear from anyone after three days, you will need to telephone **UK Engage** on **0345 209 3770** to find out what has happened.

If you mislay your return envelope please send your form to:

Returning Officer, UK Engage, Image House, 10 Acorn Business Park, Heaton Lane, Stockport SK4 1AS

Thank you for filling in this form and good luck in the election.

## **Help with this form**

If you need help with this form please contact the Returning Officer (the person who is organising the election) on: **0345 209 3770** or by sending an email to **uhmb@uk-engage.org** 

### I want to be a Governor

If you wish to receive further information about becoming a governor or have any questions please contact Olivia Caton at:

Email: olivia.caton@mbht.nhs.uk

Tel: 07890 036817













