NOMINATION FOR ROLE OF:

COUNTY YOUTH COMMISSIONER (Staffordshire)

You can either nominate yourself or someone else. If nominating someone else, please complete as many boxes in Section A as possible. In Sections B and C, please complete this from your point of view.

*When completed please return to* *Rob.Gilbert@StaffordshireScouts.org.uk* *by 30th June 2015*

**SECTION A – PERSONAL DETAILS OF NOMINEE**

|  |  |
| --- | --- |
| **Please indicate if you are the nominee or nominator** | Nominee / Nominator (*delete as appropriate*) |
|  |
| **Name of nominee** |  |
|  |
| **Address** |  |
|  |
| **Telephone** | **Daytime** | **Evening** |
|  |  |
|  |
| **Email**  |  |
|  |
| **Date of birth** | D | D | M | M | Y | Y | Y | Y |
|  |
| **Scout appointment** |  | **Membership number** |  |
|  |
| **Group / Unit / Network** | **District** | **Current/Planned Adult Appointments** |
|  |  |  |
| **SECTION B– RELEVANT SKILLS & EXPERIENCE** |
| **Please detail any relevant skills and qualifications you or the nominee has which may help you/them contribute to this role** |
|  |
| **SECTION C– PERSONAL STATEMENT** |
| **Please explain why you or the nominee would/could like to take on this role** |
|  |
|  |
|  |
| **Your Name & Phone number** |  | **Date** |  |

Please return to Rob Gilbert – Assistant County Commissioner (Youth Involvement) by Tuesday 30th June 2015.

Email; Rob.Gilbert@StaffordshireScouts.org.uk