# **Advisory Council Election – Candidate Nomination**

This form, a copy of it, or any other document bearing the information required below may be used to nominate or support a candidate in the Institute election for Advisory Councillors. If the nomination is for a vacancy in a membership grade it will be for the candidate’s own grade. If the nomination is for a regional vacancy it will be for the region where the candidate resides or where a local society in which the candidate is active is based.

## **Candidate Nomination**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name in Full | |  | | |
| Declaration | I agree to my nomination being put forward to stand in the election for the Advisory Council of The Institute of Materials Minerals and Mining. If elected I agree to serve in the best interests of the Institute and to assist in governing in accordance with the Royal Charter and Bye-laws, Charities Law and any other relevant statutes and regulations applicable for the time being to the Institute and its activities. | | | |
| Signature | |  | | |
| Grade of Membership\* | |  | | |
| Membership Number | |  | | |
| Professional Qualifications\* | | eg CEng FIMMM. | | |
| Contact Address | |  | | |
|  | | |
| E-mail | |  | Phone |  |

‡ - Delete as applicable \* - Information that will appear in the ballot.

## Vacancy

This nomination is for a vacancy in one of the available categories – please tick one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Membership Grade |  | | This will be in the candidate’s own grade | |
| Region |  | | Please indicate which region below | |
| For regional nominations please indicate below: | | | | |
| South West & Wales | |  | |  |

Candidates must include a statement of no more than **150 words** describing themselves and the expertise and experience they believe they would bring to the Institute Advisory Council. (Any excess over **150 words** will be truncated.) This statement may be enclosed with this form or may be transmitted to the Institute by another means provided that it arrives by the closing date for nominations. Each candidate’s nomination must be supported by a supporter whose indications of support can be despatched separately to the Institute.

## Candidate Support

|  |  |  |
| --- | --- | --- |
| Candidate’s Name | |  |
| Supporter’s Name | |  |
| Grade of Membership | |  |
| Membership Number | |  |
| Statement | I support the nomination of the above named candidate. I believe that they are a fit and proper person to serve the Council, to act in the best interests of the Institute and to uphold its standards. | |
| Signature | |  |