

**Call for Nominations to join the**

**Board of Directors of Sligo Sport and Recreation Partnership 2024**

**NOMINATION FORM**

**Option 1: Self Nomination**

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| **NOMINATION DETAILS** |
| **Name**  |  |
| **Address**  |  |
| **Gender**  |  |
| **Involvement in group/organisation (if relevant)**  |  |
| **Membership of other Boards/Directorships** |  |
| **Contact No.**  |  |
| **Email**  |  |
| **Available to attend meetings at 4.30pm (weekdays)**  | **Yes No**  |

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| **Outline current/ past level of involvement within the sport and physical activity sector.** (150-200 words) |
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| **Please provide details of relevant knowledge and skills the nominee can bring to the SSRP Board**: *e.g.**sports development, community development, HR, finance, legal, company law, risk management, digital skills, communications.* (150-200 words**)** |
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| **Outline specific areas of interest where the nominee can contribute to the SSRP Board.** (150-200 words) |
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| **SIGNATURE:** |
| **SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **RETURN DETAILS**  |
| Please return completed Nomination Form to: **info@sligosportandrecreation.ie** by the return date of: **5pm on Monday 21st October 2024.**A sub-committee of the Board will assess nominations after which applicants will be notified of the outcome. For any queries, please contact 07191 61511 or email info@sligosportandrecreation.ie |