**OFFICER NOMINATION FORM**

**ANNUAL GENERAL MEETING OF THE LONDON REGION CWO**

**To be held on Saturday 11h May 2024 at 3:30pm**

For information about the Officer roles and responsibilities please consult the CWO Constitution available or contact Admin cwo@conservativewomen.uk.

Please ensure you complete **BOTH** sections of the Nomination Form before returning it to: Pamela Hall on london@conservativewomen.uk

**The deadline for Nominations is Midday on the day before the AGM**

**Officers:**

Please ensure that you meet the criteria set out within the *Guidance notes for election of Officers (Nomination Form)* before completing*:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Positions being applied for** **(please tick)** | **Name** | **Address** | **Your Conservative Association** | **Signature (confirming you accept the nomination)** **(initials acceptable)** |
| **President** |  |       |       |       |  |
| **Chairman** |  |       |       |       |  |
| **Deputy Chairman** |  |       |       |       |  |
| **Deputy Chairman** |  |       |       |       |  |
| **Treasurer** |  |       |       |       |  |
| **Secretary** |  |       |       |       |  |
| **Head of Fundraising** |  |  |  |  |  |
| **Area Chairmen of:**  |  |       |       |       |  |
| **London North West** |  |       |       |       |  |
| **London North** |  |       |       |       |  |
| **London Lea Valley** |  |       |       |       |  |
| **London South West** |  |       |       |       |  |
| **London South Central** |  |       |       |       |  |
| **London South East** |  |       |       |       |  |

**Nominator Details**

Each nomination must be supported by **3** members of the Regional Committee from at least **3** Associations.

If all 3 nominators wish to nominate several candidates (for different roles), this one form may be used and the nominator details below will be deemed to apply to all the detailed candidates.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Your Conservative Association** | **Signature (confirming you accept the nomination) (initials acceptable)** |
|  |  |  |  |
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|  |  |  |  |

**GUIDANCE NOTES FOR ELECTION OF OFFICERS (NOMINATION FORM)**

Nominations for positions can only be accepted from candidates who:

* Return a correctly completed form by the deadline.
* Are a Member of a Local Association within the Region.
* Satisfies the following minimum requirements for the relevant role:

|  |  |
| --- | --- |
| **Role** | **Qualifying experience** |
| President  | Regional Officer role for at least two (2) years. |
| Chairman  | Regional Officer role for at least one (1) year. |
| Regional Deputy Chairman  | Member of the Regional Committee for at least one (1) year. |
| (Hon) Treasurer (if not appointed)  | None |
| (Hon) Secretary, Returning Officer/Administrator (if not appointed) | None |