**National Ice Skating Association of the United Kingdom Limited ("the Company") trading as: BRITISH ICE SKATING (“BIS”)**

**NOMINATION FORM**

**for Elected Committee Member Positions on the BIS Technical Advisory Committees**

***Closing Deadline for submission of Nominations –***

***by 5pm on 25th October 2024***

*Please refer to the Company Articles of Association, as Adopted by Special Resolution on: 2 December 2023, for additional information on the process for electing* **Committee** *Members of the BIS Technical Advisory Committees (TAC’s).*

***All fields must be completed*** *within the following* ***table’s*** *for this Nomination Form to be processed,* ***together with all signatures\* provided*** *where indicated as required.*

**Details of Nominated Candidate**

*Please provide details below of the candidate whom* ***you are nominating*** *and for what vacant position.*

|  |  |
| --- | --- |
| **Technical Advisory Committee Nominated for:** |  |
| **Position within the Technical Advisory Committee (please refer to the Terms of Reference Overview for details)** |  |
| **Candidate Title:** |  |
| **Candidate Forename:** |  |
| **Candidate Surname:** |  |
| **BIS Membership Number:** |  |
| **Email Address:** |  |
| **Contact Phone Number:** |  |
| **Address:** |  |
| **Postcode:** |  |

**Details of Nominator**

*Please fill in your own contact details in the table below.*

*Please note - a candidate* ***cannot*** *nominate him/herself.*

|  |  |
| --- | --- |
| **Nominator Title:** |  |
| **Nominator Forename:** |  |
| **Nominator Surname:** |  |
| **BIS Membership Number:** |  |
| **Email Address:** |  |
| **Contact Phone Number:** |  |
| **Address:** |  |
| **Postcode:** |  |

*Please refer to the Role Description, set out on the BIS website, for the vacant position for which you are nominating this candidate.*

**I hereby confirm** my view that the candidate nominated on page 1 of this Nomination Form has the appropriate knowledge, skills and experience to be a candidate for election by the Voting Members of BIS, to the position stated.

**Signed: ……………………………………………….…………. Date: ……………………**

**Details of Seconder**

*Please fill in the details, in the table below, of the additional BIS Member who seconds the Nominator’s candidate selection.*

|  |  |
| --- | --- |
| **Seconder Title:** |  |
| **Seconder Forename:** |  |
| **Seconder Surname:** |  |
| **BIS Membership Number:** |  |
| **Email Address:** |  |
| **Preferred Contact Number:** |  |
| **Address:** |  |
| **Postcode:** |  |

**I hereby confirm** my support for the Nominator’s candidate selection set out on page 1 of this Nomination Form and my view that the candidate has the appropriate knowledge, skills and experience to be a candidate for election by the Voting Members of BIS to the position stated.

**Signed: ……………………………………………….……………. Date: …………………**

***\*If it is not possible for the Seconder to sign the Nomination Form, this should be stated here****: ..............................................................................................................................*

*The Seconder* ***must*** *subsequently confirm the Seconder's details and support for the nomination of the candidate by sending an email to the BIS Office at:* *info@iceskating.org.uk* *by 5pm on the 25th October 2024.*

All data supplied with reference to this application will only be used for this purpose and stored in line with the BIS Privacy Notice.