**WSA DIRECTOR ELECTION - NOMINATION FORM**

Please note that completed nomination forms must be submitted to [andrew.howard@wsa.wales](mailto:andrew.howard@wsa.wales) by **midday, Tuesday 3rd January 2023**. Anonymous voting will take place via an online platform and voting will open & close during a General Meeting, to be called by the Board of Directors in accordance with the WSA Articles of Association. The General Meeting will be held in the New Year.

**NOMINATOR DETAILS** (Nominations can only be made by current WSA full member organisations).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINEE DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Experience**

Please give details of all jobs and directorships held including part time and unpaid work, staring with the most recent, over the past 5 years. Please note this information will be shared with WSA members.

*NB: please use additional sheet if required.*

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| **Dates** | **Name of Organisation** | **Position held / Key achievements** |
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**Reason for Applying**

Please use the space below to précis your experience and suitability for the position, based on the person specification, issued with this nomination form. Please note this information will be shared with WSA members.

**Signature**

I certify that, to the best of my knowledge, the information contained on this application form is true

and correct.

All or part of the information provided on this form may be held on a computer or in a form which makes it subject to the General Data Protection Act (2018). By completing this form, you give your consent to the data being held and processed by Welsh Sports Association for Equal Opportunities monitoring purposes. To view our privacy policy, please refer to [www.wsa.wales](http://www.wsa.wales)

**Signature Date**