

Nomination Form Election to the Council of Governors



WELCOME

The Trust welcomes nominations from persons of any age (18 or over), race, colour, religious belief, ethnic or national origin, sexual orientation, gender, disability or marital status.

CRITERIA: TO BE ELIGIBLE TO STAND FOR ELECTION

Before you proceed, you must first of all check that you meet the following criteria:

1. Be a member of the Great Western Hospitals NHS Foundation Trust
2. Belong to the constituency you wish to represent
3. Be willing to declare your political and financial interests on page 4 of this form

HELP COMPLETING THIS FORM

If you require any further information or assistance to complete this form, or if you require the nomination form in large print, Braille, audio or another language, please contact Robina Mirza at Civica Election Services (CES) on 020 8365 8909 or email robina.mirza@cesvotes.com

CLOSE OF NOMINATIONS

PLEASE RETURN THIS FORM BY 5PM ON MONDAY 30 SEPTEMBER 2019

After you have completed all sections of your nomination form, simply return it in the special reply envelope you have been provided with, alternatively you can send a scanned copy of your completed form to ftnominations@cesvotes.com

Please ensure it is received by the Returning Officer, Civica Election Services Limited, no later than **5PM on MONDAY 30 SEPTEMBER 2019**. It won't be possible for you to stand in this election if your nomination form is received after this time.

All nomination forms received will be acknowledged within 24 hours by first class post to the address provided on page 2 of this form. If you have not received your acknowledgement after this time (or if you are sending your form close to the deadline), please contact Robina Mirza on 020 8365 8909 or email robina.mirza@cesvotes.com to check that we have received your form.

If you have mislaid your reply envelope, please send your nomination form to Civica Election Services Limited, The Election Centre, 33 Clarendon Road, London N8 0NW.

Thank you for taking the time to complete this nomination form.

YOUR DETAILS (PLEASE USE BLOCK CAPITALS)

Full Name:

Name as you wish it to appear on the election material (if different to Full Name):

Title (e.g. Mr, Ms, Dr):

Home Address:

Post Code: Date of Birth:

Contact Telephone Number:

Contact Email Address:

PLEASE NOTE Use of the personal information (data) you have provided:

- your personal information will be used for the purpose of this nomination and for any ballot or appointment that may be required and for no other purpose.

- your personal information will remain confidential unless the Trust is required to release it by law.

YOUR CONSTITUENCY

Please tick the box below.

Public

Swindon

Staff

Hospital Nursing & Therapy Staff

Allied Health Professionals

Doctors & Dentists

Administrators, Maintenance, Auxiliary and Volunteers

DECLARATION OF INTERESTS

Are you a member of a political party?

YES

NO

If you have answered yes, please let us know which one

Do you have any financial or other interest in the Trust?

YES

NO

If you have answered yes, please let us know what your interest is

Please note: This information will be published. Where you have answered no, the word 'none' will be published as your answer.

DECLARATION

SECTION ONE: To be completed by the candidate

In order to stand for election a candidate must fulfil the following criteria:

1. Be a member of the Great Western Hospitals NHS Foundation Trust
2. Be a member of the constituency they wish to stand for
3. Be willing to declare their political and financial interests on this form

SECTION TWO: Please read the enclosed 'Election Statement Preparation Instructions'.

If you require any further information or assistance in order to complete this form, or you require the nomination form in large print, Braille, audio or another language, please contact Robina Mirza at ERS on 020 8365 8909 or email robina.mirza@cesvotes.com

SECTION THREE: Eligibility to be on the Council of Governors

This list contains the eligibility criteria for election to, and ongoing membership of, the Council of Governors. If any one or more of the statements below apply to you, you are not eligible to stand for election to the Council of Governors, or to continue as a member of the Council of Governors (as appropriate).

Prior to standing as a candidate in any election for the Council of Governors, you will need to:

- a. complete the enclosed Certificate of Clearance from the Trust's Company Secretary. The Certificate of Clearance requires you to declare any criminal convictions, which will allow the Trust to take a view as to whether, in its discretion, those convictions disqualify you from standing for election to the Council of Governors, and
- b. make a declaration that none of the statements below apply to you. Please ensure that you consider these provisions carefully, as it is an offence (other than for individuals standing for election from the Staff Constituency) to knowingly or recklessly make a declaration which is false in a material particular.

If you have any questions in relation to the statements set out below, or regarding the Certificate of Clearance or the declaration, please do not hesitate to contact the Trust's Governance Administrator.

If any one or more of the statements set out below applies to you, you will not be eligible to stand for election to the Council of Governors or continue as a Governor:

1. I am not a member of the constituency set out in section 1 of this form.
2. In the preceding five years, I have been dismissed, otherwise than by reason of redundancy or ill health; from paid employment with a health service body (a "health service body" means a Strategic Health Authority, a Primary Care Trust, Clinical Commissioning Group, NHS Trust, Special Health Authority or an NHS Foundation Trust).
3. I was a chairman, member or director of a health service body, but my tenure of office was terminated on the grounds that my appointment was not in the interests of the health service.
4. I am a Director of Great Western Hospitals NHS Foundation Trust, or a governor, executive director, non-executive director, chairman or chief executive officer of another health service body, or a body corporate whose business involves the provision of health care services or whose business involves the provision of goods or services to the Trust, unless I am appointed by a sponsoring organisation which is a Health Service Body.

DECLARATION CONTINUED

5. I am a medical practitioner who provides primary medical services; or a dental practitioner who provides primary dental services; or a pharmaceutical services provider who provides local pharmaceutical services; or an ophthalmic services provider who provides primary ophthalmic services to NHS patients, and I have had my name removed from a list maintained under regulations pursuant to the National Health Service Act 2006 (or the equivalent lists maintained by Local Health Boards in Wales under the National Health Service (Wales) Act 2006, and I have not subsequently had my name included in such a list.
6. I am incapable, by reason of mental disorder, illness or injury, of managing or administering my property and affairs.
7. I have refused, without reasonable cause, to undertake any training which Great Western Hospitals NHS Foundation Trust and/or the Council of Governors requires all Governors to undertake.
8. I am a member of a local authority Health Overview and Scrutiny Committee.
9. I am the subject of a Sex Offender's Order and/or my name is included in the Sex Offenders' Register.
10. I am an occupant of the same household and/or I am an immediate family member of a Governor or Director of Great Western Hospitals NHS Foundation Trust (an "Immediate family member" means spouse, civil partner, child or adopted child, or parent).
11. I have failed to repay, without good cause, any amount of monies properly owed to Great Western Hospitals NHS Foundation Trust.
12. I have failed to sign and deliver to the Company Secretary of Great Western Hospitals NHS Foundation Trust a statement in the form required confirming acceptance of the Governors' Code of Conduct (in the case of candidates standing for election, this statement will be signed after you have been declared elected).
13. I have demonstrated aggressive or violent behaviour at any hospital operated by Great Western Hospitals NHS Foundation Trust and following such behaviour I have been asked to leave, been removed, or excluded from any such hospital or other healthcare facility in accordance with the Trust's policy for withholding treatment from violent/aggressive patients.
14. I have been confirmed as a "vexatious complainant" in accordance with Great Western Hospitals NHS Foundation Trust's policy for handling complaints.
15. I have been removed as a member from another NHS Foundation Trust.
16. I have been deemed to have acted in a manner contrary to the interests of Great Western Hospitals NHS Foundation Trust.
17. I have not obtained a Certificate of Clearance.
18. I have made a material misstatement in the declaration made to Great Western Hospitals NHS Foundation Trust for the purpose of obtaining a Certificate of Clearance.
19. I am under the age of eighteen years old at the date of this Nomination Form.

I, the above named candidate, consent to my nomination and agree to stand for election to the Council of Governors in the constituency indicated in Section One of this form. I also declare that I am a member in that constituency.

I, the above named candidate, hereby declare that I am not:

- a) a person who has been adjudged bankrupt or whose estate has been sequestered and (in either case) has not been discharged
- b) a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it
- c) a person who within the preceding 5 years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) was imposed on him
- d) a person who within the preceding five years has been removed from the governing body under paragraph 13 of the Constitution or has resigned or been removed from the governing body as detailed in paragraph 4.12.12 of Annex 6 Standing Orders For The Practice And Procedure Of The Council Of Governors
- e) excluded by any other provision detailed within the Trust's constitution
- f) an unfit and improper person and that I provided at least 2 references of good character from non-family members or close acquaintances
- g) a person who has criminal convictions to declare and note that a Disclosure and Barring Service check will be completed.

I confirm that, to the best of my knowledge, the information provided on (or in connection with) this form is accurate.

Signature:

Date:

- ! **Remember to sign the declaration before returning your nomination form.**
- **Your nomination form won't be valid without your signature.**

CHECKLIST

Before returning your nomination form, please ensure you have:

Please tick

Completed all sections

Signed the declaration above

Checked your statement for accuracy and the maximum number of words

This page is intentionally blank