**Cambridgeshire Pension Fund Committee**

**Nominations for Employer Representative - Non-Local Authority**

*\*You do not have to nominate someone in your own organisation. You may nominate someone in another organisation as long as they are listed in one of the bodies in the List of Employers in the Cambridgeshire Pension Fund document.*

PLEASE SCAN AND E-MAIL THE COMPLETED FORM BY 21 NOVEMBER 18 TO:

nmcanulty@northamptonshire.gov.uk and moakensen@northamptonshire.gov.uk

|  |  |
| --- | --- |
| **Name of Nominee:** |  |
| **Position:** |  |
| **Organisation:** |  |

**Proposer**

I nominate the above named to take part in the election for the position of employer representative (non-local authorities).

Signed: .............................................................. Date: ....................................

Print name: ..................................................................

Position: ......................................................................

E-mail address: ......................................................................

On behalf of ………………………………………………………..

**Second**

I second the above nomination.

Signed: ............................................................. Date: ....................................

Print name: ..................................................................

Position: ......................................................................

E-mail address: ......................................................................

On behalf of ………………………………………………………..

I accept the nomination to take part in the election of the position of employer representative (non-local authority).

|  |  |
| --- | --- |
| **Full name:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **Contact Address:** |  |
| **Contact Telephone:** |  |
| **Contact E-mail:** |  |
| **Outline of Current Position in Organisation (maximum 100 words):** |  |
| **Reason why you think you would suit this post including any relevant experience (maximum 150 words):** |  |

The information highlighted in grey will be extracted for the voting papers.

Signed: .............................................................. Date: ....................................

Print name: ..................................................................