###### National Executive Committee Elections 2025-26

#### NOMINATION FORM

**Closing Date for Nominations: noon on 23 October 2025**

##### REGIONAL REPRESENTATIVE for REGION 9 (2025-2026) BY-ELECTION

# See the accompanying Election Notice and Guidance Notes for eligibility to stand for office and on the submission of a nomination. Nominations must comply with the Constitution and Rules of the Association.

# *All candidates and supporters of this nomination consent to the personal data (as defined by the Data Protection Act) they supply in this form, and in any accompanying election statement, being used by the AEP and its appointed independent scrutineer (and any other data processors and controllers it uses), for the purpose of conducting this election. They agree to such data being sent to AEP members for this purpose.*

# Note to Candidates

# Candidates must be FULL or TRAINEE members of the AEP Region for which they are standing. This office may be held by two members elected jointly. Candidates standing jointly may submit separate nomination forms with different supporters, but each form must show the names of both candidates. Candidates must sign against their own name only.

# Statement of Candidate(s)

# I / We the undersigned agree to be nominated for election to the office of Regional Representative for the Region indicated below*.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Regional Representative (Until Nov 2026). For Region No:** | **9** | If this is a **joint** nomination put ‘X’: ► |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CANDIDATE’S NAME** | **Membership No.** | **Signature of Candidate** | **Date signed** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

# MEMBERS SUPPORTING this nomination

You must be a FULL, TRAINEE or ASISTANT member of the **same AEP Region** as the candidate(s) at the closing date for nominations. You may nominate only ONE candidate or TWO STANDING JOINTLY for this office. Where two candidates are standing jointly, you are nominating the candidate(s) who **signed their nomination** entry above.

|  |  |  |  |
| --- | --- | --- | --- |
| **SUPPORTER’S NAME** | **Membership No.** | **Signature of Supporter** | **Date signed** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

If necessary the Supporters may each sign a separate nomination form for a candidate. All forms for one nomination should be submitted together if possible. The total number of forms used should be entered below.

*This form may be completed electronically using a Microsoft Word compatible word processor. Forms may be ‘signed’ with electronically scanned signatures. Scanned forms should be produced on a flatbed scanner to ensure legibility.*

|  |  |  |  |
| --- | --- | --- | --- |
| Total number of nomination forms being submitted for this nomination: |  |  |  |
|  |
|  |

The completed nomination form may be posted directly to the AEP’s Independent Scrutineer:

**Civica, The Election Centre, 33 Clarendon Road, N8 0NW**

Or may be submitted by email to: [nominations@cesvotes.com](mailto:nominations@cesvotes.com)

**[ CIVICA PROJECT ID: V2200\_1.1 ]**

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#### CANDIDATE CONTACT DETAILS

This form should be completed by candidates submitting a nomination in this election, and should be sent to the Independent Scrutineer together with their nomination form(s).

Please ensure that you include a postal and/or email address to which confirmation of receipt of your nomination can be sent by the Independent Scrutineer, and a telephone number on which you can be contacted by the Independent Scrutineer or the AEP in case of a query about your nomination.

# *All candidates consent to the personal data (as defined by the Data Protection Act) they supply in this form, being used by the AEP and its appointed independent scrutineer (and any other data processors and controllers it uses), for the purpose of conducting this election.*

|  |  |
| --- | --- |
| NEC position for which nominated? | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| If a joint nomination is being submitted, please put an ‘X’ in this box: |  |  |
| \_ |
|  |

|  |  |  |
| --- | --- | --- |
| **Candidate 1** |  | |
| Full Name | Click here to enter text. | |
| Postal address | Click here to enter text. | |
| Post Code | Click here to enter text. |  |
|  |  | |
| Telephone number | Click here to enter text. | |
| Email address | Click here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **Candidate 2** (if standing jointly for this office) | | |
| Full Name | Click here to enter text. | |
| Postal address | Click here to enter text. | |
| Post Code | Click here to enter text. |  |
|  |  | |
| Telephone number | Click here to enter text. | |
| Email address | Click here to enter text. | |

*This form may be completed electronically using a Microsoft Word compatible word processor.*

This form should be sent together with all nomination forms directly to the AEP’s Independent Scrutineer:

**Civica, The Election Centre, 33 Clarendon Road, N8 0NW**

Nominations can also be submitted by email to: [nominations@cesvotes.com](mailto:nominations@cesvotes.com)