**Election Nomination form for Devon Maternity Voices Partnership (MVP)**

**Chair and four Vice Chair Positions**

**September 2020**

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| 1. **Name** |  |
| 1. **Postal Address** |  |
| 1. **Email** |  |
| 1. **Telephone number** |  |
| 1. **Date** |  |

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| --- | --- | --- | --- | --- |
| 1. **Please indicate which role you would like to nominate yourself for by placing an X in the relevant box below** | | | | |
| **MVP Chair (Devon)** |  |  |  |  | |
|  | **North Devon**  **(North Devon Trust area)** | **East Devon**  **(RD&E Trust**  **area)** | **South Devon**  **(Torbay and South Devon Trust area)** | **West Devon**  **(UHP Trust area)** | |
| **MVP Vice Chair** |  |  |  |  | |

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| 1. **What skills, knowledge and experience do you have for the role (no more than 500 words).** |
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| 1. **What you would hope to achieve as MVP Chair/ Vice Chair (no more than 500 words).** |
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1. **Have you in the last five years been convicted in or outside the United Kingdom of any offence? Please place an X in the correct box.**

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| --- | --- |
| YES |  |
| NO |  |

1. **Have you been subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986(33), sections 56A to 56K of the Bankruptcy (Scotland) Act 1985(34) or Schedule 2A to the Insolvency (Northern Ireland) Order 1989(35)? Please place an X in the correct box.**

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| YES |  |
| NO |  |

**11. Have you in the last five years been dismissed from paid employment other than because of redundancy? Please place an X in the correct box.**

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| --- | --- |
| YES |  |
| NO |  |

**12. Have you been subject to an investigation or proceedings, by any regulatory body, in connection with your fitness to practise, or any alleged fraud? Please place an X in the correct box.**

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| --- | --- |
| YES |  |
| NO |  |

1. **Have you been disqualified from being a company director or removed from the office of charity trustee, or removed or suspended from the control or management of a charity, on the grounds of misconduct or mismanagement? Please place an X in the correct box.**

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| YES |  |
| NO |  |