



NOMINATION FORM

Regional Representative for the Western Region

(Both persons must be EPEA-members)

Person nominated:

Country:

Motivation *(explain why you think this person is a good candidate, pls do not exceed 100 words)*

Name of proposer:

Country:

Date & Signature:

Nominee Data Form *(person nominated)*

I confirm that I am willing to stand for nomination to the office of

.....

Date.....

Signature.....

I. PERSONAL DATA

Photo

Surname:	<input type="text"/>	First name:	<input type="text"/>
Gender:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
Nationality:	<input type="text"/>	Date of birth:	<input type="text" value="DD/MM/YYYY"/> _ / _ / _
Address:	<input type="text"/>	Phone number:	<input type="text"/>
E-mail:	<input type="text"/>		

II. CURRICULUM VITAE

In no more than 200 words, please include relevant information related to **Prison Education**, namely: (i) Experience in the position you are nominating yourself for – (ii) Education and Training – (iii) Professional Experience – (iv) Projects/Activities you have been involved with –

...

III. MOTIVATION LETTER

(Please, explain why you are a suitable candidate for the position. Do not exceed 200 words)

IV. DECLARATION

I confirm that the information provided in this form is both truthful and accurate. I have omitted no facts that could affect the present nomination.

I realise that any false statement or omission, even if unintended on my part, may lead to the cancellation of my candidacy or may render my position liable to termination.

I expressly consent to any sensitive or personal data, disclosed as part of my nomination, being used in conjunction with the fulfilment of my duties, subject to the relevant Data Protection legislation.

V. DATA PROTECTION

All information provided will be treated in the strictest confidence and will be processed and held in accordance with Data Protection legislation.

EPEA will only process the information you have provided in this form for purposes of election procedure and, if you are successful, for purposes related to carrying out your duties as a Steering Committee member.

Your details will be deleted after election procedure and EPEA will not disclose this information about you to outside organisations or third parties, unless there is a legal requirement to do so, or for the prevention and detection of fraud.

Please, tick to confirm you agree with the above sections IV and V:

If not: Provide details: _____

NOTE:

. For further information, please contact EPEA <chair@epea.org>.

. Deadline for submission of this nomination form is the 15th September 2020.

. Please, send your nomination to the following email address:
secretary@epea.org.

Print Name: _____

Date: _____