Dun Laoghaire Rathdown Local Community Safety Partnership	
Please complete this form in full and in BLOCK CAPITALS.	
1. Name	
2. Group Name involved with:	
3. Pillar of Interest	
Addressing Drugs and Alcohol	
4. Contact Details of Interested Person	
Postal Address (Please include Eircode) This should be the address of that is referenced in your Constitution/Establishment/Statutory document. **Website** **Facebook/Instagram/Digital/Social Media Page**	
Email	
Mobile	
5. What is the position you are expressing an interest in?	
Representing Management of Drugs and Alcohol Addiction	
6. Do you understand the role you are expressing an interest in?	
7. Can you commit to the role you are expressing an interest in?	

8. Candidate Statement (Up to 200 words) Please state why you are interested in this role and why you would be a suitable member?

Signature of Nominee		**Date**	

9. Confirmation from Organisation of the person interested:	
This expression of Interest must be signed by the person's organisation. This should be the chairperson, chief executive or secretary of the organisation.	
Name	
Position	
Mobile	
Email	
Signature	

Thank you for filling in this nomination form. Please submit fully completed forms by

Email: communitysafety@dlrcoco.ie

Post: Deirdre Cronin, Local Community Partnership Co-ordinator, Dun Laoghaire Rathdown County Council, Marine Road, Dun Laoghaire, Co. Dublin