Dun Laoghaire Rathdown Local Community Safety Partnership								
Please complete this form in full and in BLOCK CAPITALS.								
1. Name								
2. Group Name involved with:								
Dun Laoghaire Rathdown Chamber of Commerce								
3. Pillar of Interest								
New Community/Minority Community								
4. Contact Details of Interested Person								
Postal Address (Please include Eircode)								
This should be the address that is referenced in your Constitution/Establishment or Statutory document.								
Website								
Facebook/Instagram/Digital/Social Media Page								
Email								
Mobile								
5. What is the position you are expressing an interest in?								
Representing New Community/Minority Community								
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 role and why you would l						e stat	e why	you are	inter	ested ir	this
	1							T			
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.										ld	
Name											
Position											
Mobile											
Email											
Signature											
Thank you for filling in t	this	nomina	ation	form	. Plea	ase s	ubmi	t fully co	mple	eted for	ms
Email: communitysafety	y@d	Ilrcoco.i	ie								
Post: Deirdre Cronin, Local Community Partnership Co-ordinator, Dun Laoghaire Rathdown County Council, Marine Road, Dun Laoghaire, Co. Dublin											