

**Please complete this form in full and in BLOCK CAPITALS.**

**1. Name**

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**2. Group Name involved with:**

Older Persons Council

**3. Pillar of Interest**

Older Person Representative

**4. Contact Details of Interested Person**

**Postal Address** (Please include Eircode)

This should be the address that is referenced in your Constitution/Establishment/Statutory document.

**Website**

**Facebook/Instagram/Digital/Social Media Page**

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Email:

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Mobile

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**5. What is the position you are expressing an interest in?**

I want to demonstrate that I have experience or expertise in the area of a local community safety partnership

**6. Do you understand the role you are expressing an interest in?**

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**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?

Also outline any experience or expertise you have in the area of local community safety

**Signature of Nominee**

**Date**

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

Email: [communitysafety@dlrcoco.ie](mailto:communitysafety@dlrcoco.ie)

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