**HELOA Nomination Form**

**Name:**

**Institution:**

**Membership Number:**

**HELOA Group:**

**Position Applied For:**

**Proposed** (Name, Institution)**:**

**Seconded** (Name, Institution)**:**

**Line Manager** (Name, job title, email address)**:**

**Signed:**

**Date:**

**Name:**

**Question 1) Briefly outline why you would like to be considered for this role and your aims for your term of office** (max 250 words)

**Question 2) Briefly explain what experience you can bring to this role?** (e.g. in work or voluntary capacity) (max 250 words)