



## NHS Chair Representative Mental Health Network Board Nomination Form

Name	
Role	
Organisation	
Email	
Contact number	

Please provide a personal statement below telling us what you would bring to the position. In the event of an election, this statement will be shared with members to inform their voting decision.

*(maximum 200 words)*

I confirm that I agree to stand for election as the above indicated representative of the Mental Health Network Board:

Signed:

Date:

*(signature by sender email address acceptable)*

Completed nomination forms should be returned to [mentalhealthnetwork@nhsconfed.org](mailto:mentalhealthnetwork@nhsconfed.org) by 12:00 Monday 7<sup>th</sup> August 2017.