



Closing date for receipt of nominations is April 30th
2019

ALL COUNCIL MEMBERSHIP NOMINATION FORM

SECTION 1

Please complete this information about yourself as fully as possible.

Name:

Full postal address, including post code:

Telephone:

Email:

Educational (or other) sector in which you work:

Membership number (if known):

SECTION 2

*Please give a **short** summary of your relevant experience and expertise, referring to the Council member role outline. You may continue on a separate sheet.*

Section 3

In a few words please sum up why you wish to be a member of the ALL Council.

SECTION 4

Please provide the names of two paid-up full individual members who second and support your nomination. Please ensure you seek their permission before noting them below as ALL will make contact with them to seek a short affirmation. Please note that ALL trustees and other members of ALL Council are unable to act as your seconders.

1.

2.

SECTION 5

Declaration/signature:

By submitting my nomination form I confirm that I have read and understood the information relating to the ALL Council and I wish to put myself forward for nomination. I understand that throughout the duration of a tenure on the ALL Council that I am required to maintain my membership as an Individual Member of the Association.

Signed:

Return by post to ALL at the address below by 30 April 2019. You may submit by email with an electronic signature, in which case your nominees will need to provide separate emails in support of your application.

Send to ccooney@all-languages.org.uk with **Nomination for Council** in the subject heading.

Or by post to:

Clodagh Cooney
Association for Language Learning
1A Duffield Road
Little Eaton
Derby DE21 5DR