**IOR Board Trustee nomination form**

**Return by noon 1st August to** ior@ior.org.uk

I, ………………………………………………..… (print name) am applying to join the IOR Board of Trustees (Council) of the Institute of Refrigeration, Charitable Incorporated Organisation 1166869, registered address Kelvin House, 76 Mill Lane, Carshalton, Surrey SM5 2JR.

I hereby confirm the following

1. I have read and understood the statement on the role and responsibilities of Trustees on the website, the Constitution of the IOR and guidance from the Charity Commission.
2. The persons named below as supporters are members of the IOR and have confirmed that they support this nomination in writing (copy attached of letter/email or signature below)
3. The information provided on this form is accurate to the best of my knowledge.
4. My nomination will not be valid if it is received by the IOR after the closing date, does not contain all of the required information (including photo) or if a supporter confirmation is not validated.
5. An election may be held for members to decide on which nominees should fill the vacancies using the information provided on this form.
6. Appointments of Trustees will be announced and will commence at the next IOR AGM and Trustees are expected to serve on the Board for a period of up to 3 years.

Signed …………………………………………………………………………………….. Date ………………………………………

All nomination forms received will be acknowledged by email to the address provided below. If you have not received your acknowledgement please call the Institute on 0208 647 7033 to check that we have received your form.

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| **Full name of nominee:** Membership grade:(Fellow, Member, Associate or Technician grades are eligible)Preferred email:Postal address:  |

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| **Photo** |  |

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| **Nominee’s name** |  |
| **Nominee statement:**(MAXIMUM OF 250 WORDS – any words over 250 count will be deleted. This information will be made publicly available to the membership) |
| **Supporter information**: Nominations must include supporter confirmations. This can either be a separate email attachment from the supporter including their name/email/member grade and confirmation **or** a copy of this form completed and showing their signature as below. |
| **Supporter 1-** Must be a Fellow, Member, Associate or Technician. | Full Name:Email:Grade of membership:Signature: |
| **Supporter 2 –** Must be Fellow, Member, Associate or Technician. | Full Name:Email:Grade of membership:Signature: |