



Nomination Form for the Appointment of Group Leader / Deputy Group Leader / County Commissioner / Deputy County Commissioner

SIF 12/07 (July 2016)

This form should only be used if a 'Nominee' is already an adult member of Scouting Ireland. If the 'Nominee' is not a member, Form SIF 1 should also be completed. \* Please delete as appropriate

Appointment requested

- Group Leader [ ] County Commissioner [ ]
Deputy Group Leader [ ] Deputy County Commissioner [ ]

Group Name and number

Scout County

Scouter Details

Table with 2 columns: Scouter Details (Name, Address) and Personal Details (Date of birth, Previous names, Phone (Home), Phone (Work), Mobile phone, E-mail)

Declaration

I have discussed my new appointment with my Group Leader/County Commissioner/Provincial Commissioner\* and understand the responsibility and commitment involved. I further understand and commit to undertaking the relevant Training as set out in Scouting Ireland's Adult Training Standards.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Nomination

I confirm that the 'Nominee' has been nominated for appointment to the above position at a meeting of the Scout Group/Scout County Board \* on \_\_\_\_\_

Signed \_\_\_\_\_ Group/County Secretary\* Date \_\_\_\_\_

Recommendation (in respect of Group Leader/Deputy Group Leader/Deputy County Commissioner) I recommend the 'Nominee' for the position of Group Leader/Deputy Group Leader/Deputy County Commissioner\*

Signed \_\_\_\_\_ County Commissioner Date \_\_\_\_\_

Appointment (in all cases)

I hereby make this appointment

Signed \_\_\_\_\_ Date \_\_\_\_\_
Chief Commissioner (Adult Resources)