

Form Received By: _____
Sign: _____
Date: _____

DIT
Students' Union
Stamp



Part-Time Officer 09-10
(Term of Office: 1st July 09 to 30th June 10)
(CRM Elections)
Nomination Form
(Please Fill Out in block capitals)

Candidate's Name: _____

Student Number: _____

Part-Time Officer Position
(Please Tick Box)

Clubs & Societies

Ents

(Please Specify)

Course Code: _____ **Year** _____

Local Union Campus:
(Please Tick Box)

Aungier St

Bolton St

Cathal Brugha St

Kevin St

Mountjoy Sq

Rathmines

Mobile Number: _____

Most Used E-mail Address: _____

Candidates Signature: _____

Nominated By: _____
(Your Mate)

Student Number: _____

Contact Number: _____

Seconded By: _____

Student Number: _____

Contact Number: _____

N.B.: Please hand this form into your local students' union office when completed, thank-you.

INCOMPLETE NOMINATION FORMS WILL NOT BE ACCEPTED

For Office Use Only:
Date Candidate was ELECTED: _____
Location of Election: _____