

BRITISH ASSOCIATION OF SOCIAL WORKERS

**NOMINATION FORM – ELECTED DIRECTOR**

**DETAILS OF NOMINEE**

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **MEMBERSHIP NUMBER** |  |
| **ADDRESS** |  |
| **EMAIL ADDRESS** |  |
| **TELEPHONE NUMBER** |  |

**1ST INDIVIDUAL NOMINATION**

|  |  |
| --- | --- |
| **PROPOSER NAME** |  |
| **EMAIL ADDRESS** |  |
| **MEMBERSHIP NUMBER** |  |
| **SIGNATURE** |  |

**2ND INDIVIDUAL NOMINATION**

|  |  |
| --- | --- |
| **PROPOSER NAME** |  |
| **EMAIL ADDRESS** |  |
| **MEMBERSHIP NUMBER** |  |
| **SIGNATURE** |  |

**STANDING COMMITTEE NOMINATION (if applicable)**

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| --- | --- |
| **COMMITTEE CHAIR/VICE CHAIR SIGNATURE** |  |

**BRANCH NOMINATION (if applicable)**

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| --- | --- |
| **BRANCH OFFICER SIGNATURE** |  |

**CANDIDATE INFORMATION**

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| **Social Work Qualification** |  |
| **Other Professional Qualifications** |  |
| **Have you served (or do you serve) on a committee of the Association? Please give brief details:** |  |
| **Have you ever been sanctioned or removed from the register of a UK social work regulator for reasons of fitness to practice?** |  |
| **Please give a brief history of your professional career** |  |
| **Please describe how you meet the skill, knowledge and experience criteria of the role and how you would fulfil the role description** |  |
| **Have you ever worked as an employee of BASW? If so, please given exact date of end of (last) employment** |  |

**Acceptance of Nomination**

**I hereby signify my acceptance of nomination for the position of Elected Director of BASW and declare that I am eligible for election.**

**Signature ………………………………………………. Date ………………………….**

**Please return the Nomination Form to:** governance@basw.co.uk

**Please also complete and return the optional equalities monitoring form below and return**

**to the same email address.**

**Equalities & Diversity information**

BASW is committed to being an inclusive, anti-discriminatory and anti-racist organisation. We strive to ensure all members and employees receive equal treatment regardless of race, colour, ethnicity, nationality, disability, age, gender, sexual orientation or marital status. To assist us in monitoring the operation of our equal opportunities policy within Council election and roles, please answer the following optional questions. (Tick box where appropriate.) This form will be detached from your application and any personal identifying information and data will only be used in aggregate. Your decision to answer these questions or not has no bearing on the process of the election.

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| **GENDER** MALE **□** FEMALE **□** NON-BINARY **□**PREFER NOT TO SAY **□****AGE** 16-18 YRS **□**19-25 YRS **□** 26-35 YRS **□** 36-45 YRS **□** 46-64 YRS **□** 65 YRS AND OVER **□** PREFER NOT TO SAY **□****RACE/ETHNICITY**Please make sure that you read all the categories and then tick the box that applies to you.**Asian or Asian British:** INDIAN **□** PAKISTANI **□** BANGLADESHI **□** OTHER **□** **Black or Black British:** CARIBBEAN **□** AFRICAN **□** OTHER**□****Chinese or other ethnicity:** CHINESE **□**  OTHER **□** **Mixed race:** WHITE AND ASIAN **□** WHITE AND BLACK CARIBBEAN **□** WHITE AND BLACK AFRICAN **□** ANY OTHER MIXED BACKGROUND **□****White:** BRITISH **□** EUROPEAN **□** AUSTRALASIAN **□** NORTH AMERICAN **□**  OTHER **□** Prefer not to say: **□****PLEASE TICK ANY OF THE FOLLOWING THAT APPLY TO YOU**ENGLISH **□** IRISH **□** SCOTTISH **□** WELSH **□** NORTHERN IRISH**□** **DISABILITY** Do you consider yourself to have a disability? YES **□** NO **□****SEXUALITY** Do you consider yourself to be: Gay/lesbian**□** Bisexual **□** Heterosexual **□** Other **□** |