DECHA – DURHAM EMPLOYERS' CARE & HEALTH ALLIANCE

NOMINATION FOR MEMBERSHIP OF THE BOARD OF DECHA

I……of……
(name) (organisation)

Being an Employer Member of DECHA, **agree to be nominated** as a Member of the Alliance Board.

Nominee Personal Profile (no more than 250 words)
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I am committed to attending a minimum of 2 of the 4 annual Board meetings.

Signed……
Date……..

(Self nominations are welcomed)

I……of……
(name) (organisation)
Being a member of DECHA, **nominate** the above, who has consented to this nomination.

I would also like to be included in the Chair Person election. Yes No (delete as appropriate)

Signed……
Date……..

Please return (by 30/9/10) to:
Jackie Eager,
decha,
Learning & Development,
Adults, Wellbeing & Health,
County Hall,
Durham.
DH1 5UG