



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	<input type="checkbox"/>	County Commissioner	<input type="checkbox"/>
Deputy Group Leader	<input type="checkbox"/>	Deputy County Commissioner	<input type="checkbox"/>

Group Name and number

Scout County

Scouter Details

Name	Date of birth
Address	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)