**DESIGN IN MENTAL HEALTH (DIMHN)**

**All sections (1-3) of this form must be completed by both the candidate and the nominator, and an A4 CV submitted with the form, failure to do so will result in the application being invalid.**

**Both candidate and nominator must be members in good standing of the Design in Mental Health Network. If you have not yet joined the network, then please go to** [**Join Us - Design In Mental Health (dimhn.org)**](https://dimhn.org/join-us/) **before completing the form below.**

**Please read carefully the job description, Memorandum of Association and Good Governance Policy included with this form.**

**Nomination Form -** to be completed by the nominator and the candidate

**Section 1 - Nomination**

I nominate the following person for an Associate role with DIMHN:

**Name**:

**Address**:

**Post code**:

**Telephone:**

**E-mail Address**:

**Section 2 - Details of nominator**

**Name**:

**E-mail**:

**Telephone**:

**Nominator Signature**:

**Date:**

**Section 3 – Signature of candidate**

I accept the above nomination for an Associate role with DIMHN.

**Candidate Signature**:

**Date:**

*Please return this form, together with an A4 Curriculum vitae to* *admin@dimhn.org* *by 12 noon on 12th November 2021.*