NOMINATION FORM FOR THE ELECTION OF YOUTH REPRESENTATIVE

TO REPRESENT THE PRESBYTERY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AT THE GENERAL ASSEMBLY 2020

|  |
| --- |
| **CANDIDATE** |
| **NAME: Date of Birth:****Gender: Age on 16th May 2020:** **Email: Mobile:****Address: Postcode:****Emergency contact name: Number:****Dietary requirements:** **Allergies:****Other health issues & medication:****I the undersigned am nominated as a candidate for the election of Youth Rep at the GA 2020 for the presbytery of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.****What type of blue book would you require(hard copy or electronic):****I have/haven’t been a GA youth rep before (please delete as appropriate).****Please list each year you have been and who you represented (NYA/name of presbytery).****I would like to represent the presbytery as a youth rep at GA 2020 because:****Signature:** |
| **MINISTER / YOUTH WORKER NOMINEE** |
| **NAME: POSITION/ROLE:** **Please tell us why the person named above should represent the presbytery at the GA as a youth rep:****Signature:** |
| **SECOND NOMINEE** |
| **NAME: POSITION/ROLE:** **Please tell us why the person named above should represent the presbytery at the GA as a youth rep:****Signature:**  |
| **MINISTER** |
| **NAME:** **I the undersigned am endorsing the candidate named above as a suitable candidate for the election of Youth Rep at the GA 2020 to represent the presbytery.****Minister’s signature:**  |