

**EHTPA ACCREDITATION BOARD  
NOMINATION FORM**

**Your Personal Details**

Title	First Name	Surname	
Address			
Telephone no:	Mobile	Email	
Name of Nominating Professional Association or Educational Institution			
Your position in the Nominating Professional Association of Educational Institution			

**Nominee Details**

Title	First Name	Surname	
Position in organisation			
Address			
Telephone no:	Mobile	Email	

## Supporting Statement

How long have you known the nominee?

In what capacity have you known the nominee?

Given the role outline provided, how well do you feel the nominee's skills and experience meet the requirements of the Accreditation Board?

Please confirm that the nominee is honest and of previous good character

Please confirm that to the best of your knowledge and belief the nominee has not:

- Had disciplinary action taken against them for professional misconduct
- Is not currently under investigation for any alleged professional misconduct

## Declaration

I declare that the information I have given is, to the best of my belief, true and complete. If you give any information which you know is false, or you withhold any relevant information which may influence the decision of the board, this may lead to the nominee's appointment to the board being terminated

Signature

Date

Position.