



Nomination Form for the Appointment of Group Leader / Deputy Group Leader / County Commissioner / Deputy County Commissioner

SIF 12/07

Amended March 2024

Next Review Date March 2025

This form should only be used if a 'Nominee' is already an adult member of Scouting Ireland.
If the Nominee is not a member, they must complete the application process before submitting this form.

* Please delete as appropriate

Appointment requested

Group Leader

County Commissioner

Deputy Group Leader

Deputy County Commissioner

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 make this appointment

Signed _____ Date _____

Volunteer and Group Support Manager