

MSU SENATE



NOMINATION FORM

Term of Office: 1 July 2024 - 30 June 2025

MSU
ELECTIONS

★ MARCH '24 ★

Contact Details

BLOCK CAPITALS please.

First Name:

Last Name:

Preferred Name:

Pronouns:

Student No:

Phone No:

MU/SPPU Email Address:

Position

Please tick ONLY ONE option.

- | | | |
|---|---|--|
| <input type="checkbox"/> Accommodation Senator | <input type="checkbox"/> Active Citizenship Senator | <input type="checkbox"/> Campus Life Senator |
| <input type="checkbox"/> Charity Senator | <input type="checkbox"/> Clubs Senator | <input type="checkbox"/> Community Senator |
| <input type="checkbox"/> Commuter Senator | <input type="checkbox"/> DARE Senator | <input type="checkbox"/> Ethnic Diversity Senator |
| <input type="checkbox"/> Environmental Sustainability Senator | <input type="checkbox"/> Froebel Senator | <input type="checkbox"/> Gender Equality Senator |
| <input type="checkbox"/> HEAR Senator | <input type="checkbox"/> Independent Senator (x4) | <input type="checkbox"/> International Student Senator |
| <input type="checkbox"/> LGBTQ+ Senator | <input type="checkbox"/> Mature Student Senator | <input type="checkbox"/> Mental Health Senator |
| <input type="checkbox"/> Mincéir Senator | <input type="checkbox"/> Parents & Carers Senator | <input type="checkbox"/> Part-Time Course Senator |
| <input type="checkbox"/> Research Postgraduate Senator (x2) | <input type="checkbox"/> Societies Senator | <input type="checkbox"/> SPPU Senator |
| <input type="checkbox"/> Study Abroad & Erasmus + Senator | <input type="checkbox"/> Taught Postgraduate Senator (x2) | |

Receipt

For Office use ONLY.

Signature of Returning Officer or their authorised Agent

DD / MM / YYYY

on behalf of the Returning Officer

Date



NOMINATION FORM

★ MARCH '24 ★

Proposers

Please write CLEARLY.

For any nomination to be valid it must have the signatures and corresponding student numbers of the required number of students.

- **at least 60 students** for Accommodation Senator, Active Citizenship Senator, Campus Life Senator, Charity Senator, Clubs Senator, Community Senator, Commuter Senator, DARE Senator, Ethnic Diversity Senator, Environmental Sustainability Senator, Froebel Senator, Gender Equality Senator, HEAR Senator, Independent Senator, International Student Senator, LGBT+ Senator, Mental Health Senator, Mincéir Senator, Parents & Carers Senator, Societies Senator, Study Abroad & Erasmus + Senator
- **at least 30 students** for Taught Postgraduate Senator, Research Postgraduate Senator, Mature Student Senator, Part-Time Course Senator, SPPU Senator.

All nomination forms must be returned to the Students' Union **before 1.00 PM on Thursday, 29 February 2024.**

NOTE: Please write BOTH your Name AND Student Number in a legible fashion or your proposal will be invalid.

We, the undersigned, propose the nomination of the candidate for the position detailed overleaf.

Name

Student No.

Name

Student No.

1.	_____	_____	17.	_____	_____
2.	_____	_____	18.	_____	_____
3.	_____	_____	19.	_____	_____
4.	_____	_____	20.	_____	_____
5.	_____	_____	21.	_____	_____
6.	_____	_____	22.	_____	_____
7.	_____	_____	23.	_____	_____
8.	_____	_____	24.	_____	_____
9.	_____	_____	25.	_____	_____
10.	_____	_____	26.	_____	_____
11.	_____	_____	27.	_____	_____
12.	_____	_____	28.	_____	_____
13.	_____	_____	29.	_____	_____
14.	_____	_____	30.	_____	_____
15.	_____	_____			
16.	_____	_____			

Minimum proposer requirements met for positions requiring the signatures and corresponding student numbers of **at least 30 students**

Additional spaces are on the next page to ensure a valid nomination.

FIND OUT MORE
MSU.IE/ELECTION



*Union and the authorities of the University
work in partnership at all levels with the
interests of the members. Aontas na Mac
Ollscoil Mhá Nuad, Maigh Nuad.*

Proposers

Please write CLEARLY.

Name

Student No.

Name

Student No.

31. _____

52. _____

32. _____

53. _____

33. _____

54. _____

34. _____

55. _____

35. _____

56. _____

36. _____

57. _____

37. _____

58. _____

38. _____

59. _____

39. _____

60. _____

40. _____

Minimum proposer requirements met for positions requiring the signatures and corresponding student numbers of at least 60 students

41. _____

42. _____

43. _____

44. _____

45. _____

46. _____

47. _____

48. _____

49. _____

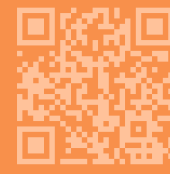
50. _____

51. _____

Space for additional signatures and corresponding student numbers.

Why might you need additional signatures and corresponding student numbers? In case a previous signature and corresponding student number was duplicated or illegible etc. Additional signatures and corresponding student numbers will help you meet the minimum proposer requirements if a previous signature was deemed invalid.

★ MARCH '24 ★



SCAN TO
VIEW
OUR
PRIVACY
POLICY



Key Dates

A completed nomination form must be received by either **Ann Marie Cudden** or **Hannah Keegan** in the Students' Union **before 1.00 PM on Thursday 29 February 2024.**

Nominations Open: 9.00 AM | Tuesday, 20 February 2024

Nominations Close: 1.00 PM | Thursday, 29 February 2024

Candidates Briefing: To be confirmed | Check your emails

Campaigning Starts: 9.00 AM | Monday, 4 March 2024

Opening of Polls (Day 1): 8.00 AM | Wednesday, 13 March 2024

Close of Polls (Day 1): 8:00 PM | Wednesday, 13 March 2024

Opening of Polls (Day 2): 8.00 AM | Thursday, 14 March 2024

Close of Polls (Day 2): 8:00 PM | Thursday, 14 March 2024

Declaration

Please tick and sign.

Prospective candidates for all positions:

- I deem myself able to fulfil the portfolio of the position to which I am seeking election.
- I acknowledge that I have read, understand, and will abide by the Candidate Handbook.
- I consent and authorise MSU to use and publish any of the images in any format taken of me during the electoral process. I understand these images may be used for a variety of purposes and may appear on ballot papers, the MSU website, and in promotional materials for electoral and representative purposes.
- I confirm that I accept the nomination for the position, as indicated above, and declare that the information given above is true to the best of my knowledge and belief.**

Signature of prospective candidate

Prospective Candidate's Signature

DD / MM / YYYY

Date

Returning Officer's Declaration

For Office use ONLY.

I have decided that this nomination paper is valid (or is invalid because _____).

Signature of Returning Officer or their authorised Agent

Returning Officer

DD / MM / YYYY

Date