

Nomination Form

Join our Council of Governors Election 2026

Be part of our future

If you would like to be elected to the Council of Governors in 2026, you can start by filling in this nomination form

Welcome

The Trust welcomes nominations from persons of any age (16 or over), race, colour, religious belief, ethnic or national origin, sexual orientation, gender, disability or marital status.

Help completing this form

If you require any further information or assistance to complete this form, or if you require the nomination form in large print, Braille, audio or another language, please contact Ciara Hutchinson at Civica Election Services (CES) on 020 8889 9203 or email lth@cesvotes.com

Criteria: To be eligible to stand for election

Before you proceed, you must first of all check that you meet the following criteria:

1. Be a member of Lancashire Teaching Hospitals NHS Foundation Trust

If you are an existing governor in this constituency, please tick here:

- 2. Belong to the constituency you wish to represent
- 3. Be willing to declare your political and financial interests on page 4 of this form

| ur details (please use BLOCK CAPITALS) | | | |
|--|--|--|--|
| Name: | | | |
| ne as you wish it to appear on the election material (if different to full name): | | | |
| me Address: | | | |
| t Code: | | | |
| e of Birth: | | | |
| ntact Telephone Number: | | | |
| ntact Email Address: | | | |
| ASE NOTE Use of the personal information (data) you have provided:- your personal information will be used for purpose of this nomination and for any ballot or appointment that may be required and for no other purpose r personal information will remain confidential unless the Trust is required to release it by law. | | | |
| ur constituency | | | |
| se tick the box below. | | | |
| ff Public | | | |
| Non-clinical Dublic | | | |
| Unregistered Healthcare and Support Workers | | | |
| Doctors and Dentists | | | |

Your election statement – why you would like to be a governor

| election statement, describing why you think you should be elected, will be circulated to voters as part of the election statement booklet accompanying the ballot paper. |
|--|
| Before you start writing your statement, we recommend that you read the enclosed 'Hints and Tips on submitting your Nomination Form' document. |
| You can handwrite your statement in the space below, attach a copy to this form or email it to lth@cesvotes.com |
| Please tick here if you have emailed your statement: |
| Your statement will be reproduced word for word so remember to read it through carefully and check for any mistakes before you submit it |
| Why would you make a good governor of the Trust? (less than 50 words) |
| |
| What skills and experience do you believe you can bring to the role? (less than 200 words). |
| |
| Total number of words max (250) PLEASE NOTE that voters won't get to read any words that exceed the word limit so please ensure your statement is no longer than it should be |

Declarations of interests

| Are you a member of a political party? YES NO | | |
|--|--------------------|----------------------------|
| If you have answered yes, please let us know which one | | |
| | | |
| Do you have any financial or other interest in the Trust? YES | NO | |
| If you have answered yes, please let us know what your interest is | | |
| | | |
| PLEASE NOTE: This information will be published. Where you have answer as your answer. | red no, the word ' | none' will be published |
| Declaration | | |
| I, the above named candidate, consent to my nomination and agree to sta Governors in the constituency indicated on page 2 of this form. I also decl | | |
| I, the above named candidate, hereby declare that I am not: | | |
| a person who has been adjudged bankrupt or whose estate has b not been discharged. | een sequestrated | and (in either case) has |
| a person who has made a composition or arrangement with, or gra not been discharged in respect of it. | nted a trust deed | for, his creditors and has |
| a person who within the preceding five years has been convicted sentence of imprisonment (whether suspended or not) for a perio the option of a fine) was imposed on them. | | • |
| excluded by any other provision detailed within the Trust's constitut | tion. | |
| I confirm that, to the best of my knowledge, the information provided on accurate. | (or in connection | with) this form is |
| Signature: | Date: | |
| | | |

Remember to sign and date the declaration above before returning your nomination form.

Your nomination form won't be valid without your signature.

Disqualification criteria

- 11.16 A person is not eligible to become a governor and, if already holding such office, will immediately cease to be eligible if:
 - 11.16.1 they are under sixteen (16) years of age;
 - 11.16.2 they are a director of the Trust, or a governor or director of an NHS body or of another NHS foundation trust;
 - 11.16.3 they are the spouse, partner, parent or child of a member of the Board of Directors of the Trust:
 - 11.16.4 being a member of the public constituency, they refuse to sign a declaration in the form specified by the Company Secretary of particulars of their qualification to vote as a member of the Trust, and that they are not prevented from being a member of the Council of Governors;
 - 11.16.5 they are subject to an order under the Sexual Offences Act 2003 and/or their name is included in the Sex Offenders Register;
 - 11.16.6 they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
 - 11.16.7 they have made a composition or arrangement with, or granted a trust deed for, their creditors and have not been discharged in respect of it;
 - 11.16.8 they have within the preceding five (5) years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three (3) months or more (without the option of a fine) was imposed;
 - 11.16.9 they have within the preceding two (2) years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a health service body;
 - 11.16.10 they are a person whose tenure of office as the chair or as a member or director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
 - 11.16.11 they have had their name removed, other than by reason of resignation, from any list prepared under sections 91, 106, 123 and 147A (when or if brought into force) of the 2006 Act and have not subsequently had their name included on such a list:

- 11.16.12 they have within the preceding five (5) years been involved as a perpetrator in an incident or incidents of serious abuse or violence at any of the Trust's hospitals or facilities or against any of the Trust's employees or other persons who exercise functions for the purposes of the Trust, or against registered volunteers;
- 11.16.13 they are an unfit person within the meaning of the Trust's provider licence, save where NHS England has provided its approval in writing to them becoming or continuing as a governor;
- 11.16.14 they fail to provide the required confirmation of their fitness to continue as a governor to the Company Secretary, in the form prescribed by the Trust, within fourteen (14) days of such confirmation being demanded without reasonable cause;
- 11.16.15 they are a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
- 11.16.16 they are included in any barred list established under the Safeguarding Vulnerable Adults Act 2006 or any equivalent list;
- 11.16.17 they fail to submit to a check through the Disclosure and Barring Service when requested by the Trust;
- 11.16.18 with reference to information disclosed as a result of a check through the Disclosure and Barring Service, they are considered by the Trust to be ineligible to become or continue as a governor of the Trust on the grounds that their appointment as a governor may affect public confidence in the Trust or bring the Trust into disrepute; or
- 11.16.19 the Council of Governors has ever resolved in accordance with paragraph 11.18.8 that his or her tenure as a governor be terminated.

Close of nominations

After you have completed all sections of your nomination form, simply return it in the freepost reply envelope you have been provided with. You can also send a scanned copy of your completed form to lth@cesvotes.com

Please ensure it is received by the Returning Officer, Civica Election Services no later than 5pm on Tuesday 3 February 2026. It won't be possible for you to stand in this election if your nomination form is received after this time.

All nomination forms received will be acknowledged within 24 hours by first class post to the address provided on page 2 of this form. If you have not received your acknowledgement after this time (or if you are sending your form close to the deadline), please contact Ciara Hutchinson

on 020 8889 9203

or email Ith@cesvotes.com

to check that we have received your form.

If you have mislaid your reply envelope, please send your nomination form to Civica Election Services, 33 Clarendon Road, London N8 ONW.

Thank you for taking the time to complete this nomination form.

Checklist

Please tick

Before returning your nomination form, please ensure you have:

| | Completed all sections | |
|--|---|--|
| | Signed the declaration on page 4 | |
| | Checked your statement for accuracy and the maximum number of words | |

Notes:

Notes: