

NOMINATION FORM

NAME: _____

ADDRESS: _____

TELEPHONE: _____

MOBILE _____

E-MAIL _____

Please indicate by marking the appropriate box, which two issues you wish to represent on the Ballyfermot AIT.

Unemployed

Substance misusers

Young peoples issues

Travellers

New Communities

Lone parents

People with disabilities

Older people

Please note: Candidates must be resident in their own electoral area.

