

Kummissjoni Elettorali għall-Kunsill tal-Infermieri u Qwiebel (K.E.K)

DIKJARAZZJONI TA' KUNFLITT TA' INTERESS (GĦALL-KANDIDATI)

Segretarju
Kummissjoni Elettorali (K.E.K)

B'referenza għall-Elezzjoni għall-Kunsill tal-Infermieri u Qwiebel li sa ssir nhar _____ u n-niminazzjoni tiegħi bħala Kandidat għall-Elezzjoni tal-Kunsill tal-Infermieri u Qwiebel, jien niddikjara li:-

1. Jien ma niġi mill-ebda membru tal-Kummissjoni Elettorali jew xi Sottokummissjoni tal-Kummissjoni elettorali għall-Kunsill tal-Infermieri u Qwiebel b'konsangwinità jew affinità sar-raba' grad inkluż;
2. L-attivitajiet tiegħi li mhux relatati max-xogħol li jinkludi fost l-oħrajn attivitajiet politiċi, ma jpoġġunx f'qagħda ta' kunflitt ta' interess bħala kandidat għall-elezzjoni għall-kunsill tal-Infermieri u Qwiebel.

Data: _____

Firma: _____

Isem sħiħ (B'ittri kapitali):

Grad:

Dipartiment:

Indirizz Elettroniku:

Electoral Commission for Council for Nurses and Midwives

DECLARATION – CONFLICT OF INTEREST (FOR CANDIDATES)

Secretary
Electoral Commission

With reference to the election for the Council for Nurses and Midwives, which is being held on _____ and my nomination as *Candidate for the Council for Nurses and Midwives*, I do hereby declare that:-

1. I am not related to any member of the Electoral Commission or the Sub-Commission by consanguinity or affinity to the fourth degree inclusive;
2. My non-work-related activities, including but not limited to, any participation in political activities, do not place me in a conflict of interest as a candidate for the *Council for Nurses and Midwives*

Date: _____

Signature: _____

Name in Block Letters: _____

Grade: _____

Department: _____

E-mail Address: _____

Formola ta' Nominazzjoni għal Kandidati għall-Elezzjoni fil-Kunsill tal-Infermiera u Qwiebel

Aħna, hawn taħt iffirmati, votanti bid-dritt li nivvotaw f'elezzjoni tal-Kunsill tal-Infermiera u Qwiebel għal:

- a) ħames infermiera registrati li wieħed minnhom ikun infermier registrat fit-tieni livell u ieħor ikun infermier li jkollu ismu mnizzel f'xi taqsima speċjali tar-Registru tal-Infermieri; u
- b) Żewġ qwiebel li jkollhom liċenza.

qegħdin hawnhekk ninnominaw lil(**)

Numru tal -Karta tal-Identità

Registral/a (**)
(Registru)

Numru ta' Registrazzjoni..... (**)

Indirizz(**)

Grad..... Post tax-Xogħol..... (**)

Email.....

Numru tat-telefon u tal-*mobile*/.....

bħala kandidat għall-elezzjoni
(Semmi għal-liema elezzjoni)

Proponent: Isem u Kunjom.....
(Ittri Kbar)

Numru tal -Karta tal-Identità

Registral / a(**)
(Registru)

Numru ta' Registrazzjoni.....

Indirizz(**)

E mail.....

Numru tat-telefon u tal-*mobile*

Firma

Data

Sekondant: Isem u kunjom..... (**)

Numru tal -Karta tal-Identita`

Reġistrat/a(**)
(Reġistru)

Numru ta' Reġistrazzjoni.....

Indirizz(**)

E mail.....

Numru tat-telefon u tal *mobile*

Firma

Data

DIKJARAZZJONI TAL-PERSUNA NOMINATA

Jiena, _____ (*isem sħiħ f'ittri kbar u Numru tal-Karta tal-Identità*), li ismi jidher fi _____ naċċetta n-nominazzjoni ta' hawn fuq.

Ir-rappreżent /a tiegħi waqt l-elezzjoni hu /hi

Isem.....

Numru tal -Karta tal-Identita`.....

E mail.....

Numru tat-telefon u tal *mobile*

Firma tal-Kandidat.....

Data

(**) F'ittri Kbar

**Nomination Form for Candidates for Election to the Council for
Nurses and Midwives**

We, the undersigned, being voters entitled to vote at an election of the Council for Nurses and Midwives for

(a) five registered nurses one of whom shall be a second level registered nurse and another shall be a nurse whose name is entered in any of the special parts of the Register of Nurses; and

(b) two licensed midwives

do hereby nominate (**)

Identity Card No (**)

Registered in the (**)
(Register)

Registration No (**)

Address (**)

E mail address

Grade.....Place of work..... (**)

Mobile and telephone No

as a candidate for the said election as a
(Registration level being represented)

Proposer: Name and Surname..... (**)

Identity Card No

Address

E Mail

Mobile No

Registered in the

Registration No

Signature Date

Seconded: Name and Surname..... (**)

Identity Card No

Address

E Mail

Mobile No

Registered in the

Registration No:-

Signature Date

DECLARATION BY PERSON NOMINATED

I, _____ whose name appears on the
_____ accept the above nomination.

My representative during the Council Election shall be:

Name

Identity Card No

E Mail

Mobile No

Signature Date

(**) In block letters