



## NOMINATION COMMITTEE FORM

### Annual General Meeting

#### VOLUNTEERS FOR SELECTION TO SERVE ON THE NOMINATIONS COMMITTEE

*The Nominations Committee assists the Company in identifying and nominating candidates to fill board vacancies. The principal objective of the Committee is to establish a formal, transparent and documented process for screening, assessing and making recommendations on appointments and re-appointments of members to NCPD Board, and to support and advise the Board as it pertains to fulfilling its designated responsibility to the membership ensuring the Board is comprised of individuals with an optimal mix of qualifications, skills and experience to manage the affairs of the Company.*

*NCPD's VISION: A country in which every PWD enjoys equal access to the rights, privileges and opportunities afforded to all citizens.*

*NCPD's MISSION: To be the leading organisation that is renowned for educating and training PWDs to contribute to a disability inclusive society.*

1. Name:
2. Email:
3. Address:
4. Phone Number:
5. Please provide a **picture** and a short **Bio**.

6. Indicate your interest in serving on the Nominations Committee by completing 7 to 10.:

7. Please say why you wish to serve on the Nomination Committee? *(Please describe any behaviours in which you engage that demonstrates an understanding of the NCPD's Mission/Vision)*

8. How would you describe the skills/knowledge which you would bring to this committee?  
*(Please comment on specific activities in which you can engage as a member of the committee)*

9. Can you state what you may need from the NCPD so that your work can be completed efficiently?  
*(Please also describe any skills enhancement which the NCPD could add to your existing skills that would serve the organization well.)*

10. Are there any other areas of interest in which you may offer to serve? *(Please list the areas in which you would like to contribute, if you were not serving on the Nomination Committee.)*

11. OTHER COMMENTS: *(Please add any other comments*

12. Are you a financial member? (All fees paid up to October 2022).

yes

No

13. If No, my fee will be paid at RBL Account # 940476399601

14. For how long have you been a member of the NCPD?

Signature:

*Please return completed form by Email to [ncpdtrinidad@gmail.com](mailto:ncpdtrinidad@gmail.com) OR submit form, picture and Bio at the National Centre for Persons with Disabilities, 7-21 New Street San Fernando **by hand**.*