**Annex 2: Nomination Form**

**Individuals are eligible to submit an application, nominating themselves to be part of the Fiji Women’s Parliament. If a person is nominating themselves, fill out only Sections 1 & 2.**

1. **Nominee Information Form**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Voter ID #** |  |
| **Phone** |  |
| **Email** |  |
| **Fax** |  |
| **Mailing address** |  |
| **Organisation** |  |
| **Occupation** |  |

1. **Reasons for Nominating**

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| --- |
| ***With 500 words or less, briefly describe the why the nominee should participate in the Fiji Women’s Parliament?***  Please submit supporting information-resume, bio, two letters of recommendation and any other pertinent material. |
|  |

1. **Nominators Information**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Phone** |  |
| **Email** |  |
| **Fax** |  |
| **Mailing address** |  |
| **Organisation** |  |
| **Occupation** |  |