**Registration Board Nomination Paper – Election 2025**

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| **Part A: To be completed by the registrant wishing to be nominated:** | |
| **Name:** *(as it appears on the online register)* |  |
| **Registration Number:**  *(as it appears on the online register)* |  |
| **Mobile Number:** |  |
| **Email Address:** |  |
| **Contact Address:** |  |

**Electoral Category** (for which you are being nominated).

* A registrant can only be a candidate in respect of one electoral category.
* Candidates are only permitted to select the register from which they are eligible to nominate.

Please select **one electoral** category - mark with X in the box below:

|  |  |  |
| --- | --- | --- |
| **Board** | **Category** | **Indicate X** |
| **Optical Registration Board** | **Category 1A:** One vacancy for a registrant who is engaged in the practice of the profession (Optometry) |  |
| **Optical Registration Board** | **Category 1B:** One vacancy for a registrant who is engaged in the practice of the profession (Dispensing Optician) |  |
| **Optical Registration Board** | **Category 2:** One vacancy for a registrant who is engaged in the management of services provided by the profession of optometry |  |

As a person wishing to be nominated, I confirm that I am a registrant who satisfies the criteria set out in **Optical Registration Board Election Byelaw 2025** *(see instructions for further details).*

In particular I declare that if elected:

**(i)** There is no reason, having regard to the provisions of paragraph 5 of Schedule 2 of the [Health and Social Care Professionals Act, 2005 (as amended)](https://coru.ie/about-us/legislation/primary-legislation/), for the Minister to remove me as a member of the Registration Board; and

**(ii)** I will serve the interests of the Registration Board and abide by the Code of Conduct for members of the Board.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**Ensure that your proposer and four supporters’ details appear on your nomination form.**

**Name of Person to be nominated:**

We, the undersigned being registrants of the Registration Board Register, hereby nominate;

**B1**

|  |  |
| --- | --- |
| **Candidate Details:** | |
| **Name:** |  |
| **Registration Number:** |  |
| **Nominee Signature:** |  |
| **Date:** |  |

With his/her consent, as a candidate in the 2025 election for appointment to the Registration Board in accordance with the provisions of the [Health and Social Care Professionals Act 2005(amended)](https://www.coru.ie/about-us/legislation/primary-legislation/) and the elections byelaw 2025 *(see instructions for further information)*.

**Name of Proposer:**

**B2**

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| --- | --- |
| **Proposer Details:** *(Include requirements below. as it appears on the register***)** | |
| **Name:** |  |
| **Registration Number:** |  |
| **Signature:** |  |

**Name of Supporters:**

|  |  |  |
| --- | --- | --- |
| **Supporter Details:** *(Include requirements below. as it appears on the register, candidates* ***must*** *have* ***four*** *supporters listed in addition to the proposer***)** | | |
| **1** | **Name:** |  |
| **Registration Number:** |  |
| **Signature:** |  |

**B3**

|  |  |  |
| --- | --- | --- |
| **2** | **Name:** |  |
| **Registration Number:** |  |
| **Signature:** |  |

**(Please turn over to include your third and fourth supporter)**

|  |  |  |
| --- | --- | --- |
| **3** | **Name:** |  |
| **Registration Number:** |  |
| **Signature:** |  |

|  |  |  |
| --- | --- | --- |
| **4** | **Name:** |  |
| **Registration Number:** |  |
| **Signature:** |  |

This nomination form must be returned to:

**Claire O’Cleary, Returning Officer, CORU, Infinity Building, George’s Court, George’s Lane, Smithfield, Dublin 7, D07 E98Y.**

**TO ARRIVE NOT LATER THAN 12 noon on ~~Monday 25 March 2025~~ – Re-published date Wednesday 23 April 2025.**

Nomination Papers are subject to validation. Notice of each candidate validly nominated and the names of the registrants who proposed and supported the nomination will be published on the CORU website.

**Further Instructions:**

Candidates must satisfy the relevant criteria set within the elections byelaw for the profession within which they are nominated. Submission and signing of the nomination form is deemed to have considered and accepting the criteria, as set out on paragraph 8 and 9 of each byelaw.

It is also considered that proposers and supporters have also taken into consideration the specific byelaw for the relevant profession.

Nomination Checklist 

* Have you indicated the electoral category you are seeking nomination to?
* Are you on the Register for the profession indicated and is your Registration Number correct?

* Have you signed the form?
* Have you submitted a biography / photo to [appointments@coru.ie](mailto:appointments@coru.ie) /?
* Are the proposer and four supporters on the Profession’s Register? They **must** be on the professions register for the category in question and **cannot** be from another profession. Nominations submitted with supporters from alternative professions (than the category) will be rejected.

* Are the Registration Numbers for your proposer and supporters correct?
* Have you submitted four supporters details (in addition to the proposer)
* Is Part B fully completed? Including signatures?
* Where multiple copies of Part B are enclosed, are Part B.1, B.2 and B.3 fully completed, signed and dated on the same day?
* Have you included your passport style photograph (if you wish to have it printed on the ballot paper)?

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| **Biography Details:**  Candidates should submit a brief biography (no more than 3 paragraphs) as part of their nomination. You may attach additional sheets to this Nomination Form detailing this information, if required.  Candidates may also email their biography to [appointments@coru.ie](mailto:appointments@coru.ie)  Please note that this information will be published to the CORU website and submitted to the Department of Health should you have been deemed nominated/elected. |
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**Important Data Protection Information**

To conduct an election, personal data is required. Nominees, Proposers and Supporters are asked for the minimum personal data to enable the conduct of the Nominations part of the Elections Process.

CORU will use the personal data provided by a Nominee to communicate with the Nominee throughout the Elections process. The data will be used to rule on the validity of the Nomination. A photograph, if the Nominee chooses to provide one, will be provided as part of a ballot process should a ballot be required to the Register of Electors.

CORU will use the personal data provided by a Proposer or Supporter to rule on the validity of the Nomination.

The Returning Officer is responsible for the Nominations process. To perform this task, they are assisted by Scrutineers appointed for the Elections process. Members of the CORU Executive assist the Returning Officer in the performance of administrative duties.

CORU is committed to the principles of Data Protection. Data Subjects Rights are set out in full in the Guidance and Procedures Booklet accompanying this form. An Individual has a right as a Data Subject to lodge a complaint with the [Data Protection Commissioner](https://www.dataprotection.ie/docs/Home/4.htm) if they think that CORU has not processed their data in accordance with data protection legislation.

Election materials are retained in accordance with the periods set out in CORU’s Records Management Schedule.

For more information, please read the Nomination Procedure and Guidelines booklet accompanying this form.