



NOMINATION FORM
(To be completed in BLOCK CAPITALS)

Name.....

Address.....

Post Code.....Tel.....

E mail Address.....ASA Number.....

Post Applied for.....

Suitability For The Post (These details will be included on the nominations list circulated to all members/parents of CASC). Role descriptions are on the CASC Website.

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I agree to abide by the ASA Code of Ethics

Signed.....

Proposed by.....ASA Number.....

Seconded by.....ASA Number.....