

# THE GAMBIA TEACHERS UNION NATIONAL DELEGATES CONGRESS

## NOMINATION FORM FOR CATEGORY 'D(2)' POSITIONS: Cluster Chairpersons

### INSTRUCTIONS

The GTU Congress Task Team (CTT) invites eligible candidates to run in the upcoming elections. Please ensure that all relevant sections of this form are filled appropriately and returned to the GTU Secretariat by mail (scanned & send to [gtu@gtu.gm](mailto:gtu@gtu.gm) / [soweessa@gmail.com](mailto:soweessa@gmail.com) / [corrantou@gmail.com](mailto:corrantou@gmail.com)) OR by hand delivery.

Nominations **MUST** be endorsed by:

- at least 10 **(paid-up) Members** from **the Region** (must include the following levels: LBS, BCS, UBS & SSS)
- **MUST NOT include more than one (1) Paid-up member per School**
- **Not less than two (2) Females**

### CANDIDATE

Name ----- Employment No: -----

Date of Birth:                  dd----- mm----- yy-----

Contact No. (Telephone & e-mail): -----

Year Started Teaching: -----

No. of Years Served as School Manager (Head, Deputy or SM, including Acting Positions) -----

Position(s) Held in GTU: Please Circle the Ones Appropriate SR / Cluster Chair / REC Member / NEC Member  
GTUCCU Board / GTUSWC

Signature of Candidate ----- Date Completed-----

### **For Official Use Only**

Name of Officer Receiving Form: ----- Date Received-----

Contact No.: -----

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(Signature & Designation)

**Note:** Nominated candidate will be required to **attach a passport size photograph**. Closing date for application is **Friday 21<sup>st</sup> June, not later than 4.00 p.m.**

Form No. ....

## **CRITERIA**

Applicant must:-

- be a serving teacher with at least 1 year teaching experience
- be a paid-up member of the GTU
- be a serving teacher in the region in question
- have reasonable knowledge of the region and GTU operations
- possess basic knowledge specific to the position opted for
- have nomination endorsed by at least 50 paid-up members
- possess good PR skills

**THE GAMBIA TEACHERS UNION NATIONAL DELEGATES CONGRESS**  
**NOMINATION FORM FOR GTU CLUSTER CHAIRPERSONS**

Name of Candidate ..... Name of Cluster & Region .....

<b>Emp. NO</b>	<b>Name of Nominating Member</b>	<b>Name Of School Or Institution</b>	<b>Contact</b>	<b>Signature</b>