



Leadership in
Local
Government
Programme
2019
Nomination Form

FOR LOCAL AUTHORITY STAFF AT SEO, SE & ANALOGOUS GRADES

INSTITUTE OF PUBLIC ADMINISTRATION

Participant Details

Name: _____ Email: _____

Local Authority: _____ Position/Title: _____

Address for Correspondence: _____

Contact Telephone: _____ Mobile: _____

Briefly outline the reason for your nomination:

NB. If additional space is required above, please feel free to attach a separate sheet.

Invoicing Details

Send Invoice to: _____

Address for Invoice: _____

Purchase Order Number: _____

Signature - Nominee: _____ Date: _____

Signature - Chief Executive: _____ Date: _____

Please return your completed nomination form as soon as possible to Emer McManus (see below). *Please note bookings must be in writing and early booking is recommended to secure a place.*

Emer McManus, Programme Administrator
Institute of Public Administration
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Dublin Do4 TC62.
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