# Protocol for DFI Nominating Bodies in relation to appointing members to the DFI Company.

In considering the appointment of person or persons to be company members of Disability Federation of Ireland (DFI) the Nominating Body will have regard to the following:

* The Memorandum of Association of DFI, in particular the Objects
* The responsibilities of being a member of this company, as set out in the Articles of Association,
* The commitment required to discharge the responsibilities of the role and
* The importance of deepening the voice and impact of people with disabilities.

It is the responsibility of the Nominating Body to confirm that one or both of its appointees’ is a person with a disability or someone “with a personal and enduring experience of disability”. This will typically be where there is someone in their immediate family, parents, children, legal dependents, partner, who has or had a disability.

The representative of the Nominating Body will complete the Form of Compliance with Article 2 (5) as set out below.

**Form of Compliance with Article 2 (5)**

I……………………………………, as authorised to represent …………………………………, being an organisation that has been granted “Nominating Body” status by the Board of DFI, now appoint one or two members to the company, namely Disability Federation of Ireland (DFI), as set out below. The **First Named Member** will be a person with a disability or with a “personal and enduring experience of disability”.

Furthermore I have read and understood this protocol and the related documents and I now confirm that the person or persons named below comply with Article 2 (5).

It is not required to indicate the nature of the disability or of the personal and enduring experience of same.

**First named person** appointed to membership of DFI being a person with a disability or a person with a “personal and enduring experience of disability”,

**First Named Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No (Landline): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No (Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the first named person consent to become a

Company Member of DFI. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second named person being appointed to membership of DFI

**Second Named Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No (Landline): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No (Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the second named person consent to become a

Company Member of DFI. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: You may wish to indicate if the second person is a person with a disability or an enduring experience of disability

 Yes No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(being the nominating body referred to above.)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward to companysecretary@disability-federation.ie

Company Secretary,

Disability Federation of Ireland,

Fumbally Court,

Fumbally Lane,

Dublin 8.

