SQSS Workgroup Nomination Form

Please fill out the relevant details in the table below to join a SQSS Workgroup.

If you wish to discuss this change, please contact National Grid ESO at box.SQSS@nationalgrideso.com

|  |  |
| --- | --- |
| **Your name:** |  |
| **Your company:** |  |
| **I wish to join as:** | *Workgroup member OR Workgroup observer* |
|  |  |
| **Email address:** | *Meeting information and papers will be circulated by email* |
| **Telephone number(s):** |  |
| **Group you wish to join:** |  |
| **Area of experience/ expertise:** | *Please provide details of your relevant experience or expertise to assist the Modifications Panel in approving Working members* |
| **Name of alternate:** **Email address:****Telephone number(s):****Area of experience/ expertise:** | *Please provide details of your alternative who can attend workgroups if you are unavailable* |