



# BOARD OF MANAGEMENT

## Nomination Form

Year: 20\_\_ /20\_\_

POSITION NOMINATING FOR:

☐ PRESIDENT    ☐ VICE PRESIDENT    ☐ SECRETARY    ☐ TREASURER    ☐ COMMITTEE

### Section 1 PERSONAL DETAILS

Family Name

Prefix ☐Ms ☐Miss ☐Mrs ☐Mr ☐Dr ☐Other\_\_\_\_\_

Given Names

Preferred Name

Occupation

Organisation

Driver's License

WWVP Registration Number

☐ I certify that I have not been disqualified from managing a corporation (under the Corporations Act) or currently disqualified from being a board member for a registered charity by the ACNC Commissioner.

### Residential Address

Street

Suburb

State

Postcode

Home Phone

Mobile Phone

Email (personal) ☐Preferred

Email (work) ☐Preferred

### Dietary Requirements

Are there any medical or dietary issues you would like to make us aware of, for example for Workshop or Planning Day catering?

**ACCEPTANCE** As a matter of Policy and State legislation, we require all prospective Board Members to agree to a Good Character Check. Please sign below to indicate your permission to undertake the appropriate checks and your willingness to abide by relevant policies.

I,

accept this nomination for the Board and agree to undertaking relevant checks and to abide by relevant policies.

Nominee Signature

Date

Date Received

Public Officer Signature

## Section 2 SKILLS AND COMPETENCIES

***Please indicate if you have skills or experience in any of the following.***

<input type="checkbox"/> Risk Management	<input type="checkbox"/> Financial Management	<input type="checkbox"/> Business Management	<input type="checkbox"/> Law & compliance
<input type="checkbox"/> Strategic Management	<input type="checkbox"/> HR Management	<input type="checkbox"/> Change Management	<input type="checkbox"/> Marketing
<input type="checkbox"/> Communication	<input type="checkbox"/> Youth Development	<input type="checkbox"/> Community Engagement	<input type="checkbox"/> Governance
<input type="checkbox"/> Cultural Diversity	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Ethics

☐ Activity specific experience. Please list:

☐ Other relevant experience: Please list:

## Section 3 NOMINATION

I,

hereby nominate

for the position of

Signed

Date

## SECOND NOMINATION

I,

hereby second the above nomination.

Signed

Date