

BOARD OF DIRECTORS

Nomination Form Tenure: 2024-2026

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 mana disqualified from being a board member for a registere	ging a corporation (under the Corporations Act) or currently ed charity by the ACNC Commissioner.
Residential Address	
Street	
Suburb	
State	Postcode
Home Phone	Mobile Phone
Email (personal) Preferred	
Email (work) Preferred	
	n, we require all prospective Board Members to agree to a our permission to undertake the appropriate checks and your
ı,	
accept this nomination for the Board and agree to undertal	king relevant checks and to abide by relevant policies.
Nominee Signature	Date
Date Received	Nomination Committee Signature

Section 2 SKILLS AND COMPETENCIES									
Please indicate if you have skills and/or experience in any of the following.									
	Risk Management		Financial Management		Youth Development		Law & Compliance		
	Not-for-profit Governance		Strategic Planning		Fundraising/Philanthropy		Facilities Management		
	Marketing/ Communications		Partnership Building		Youth Justice/ Social Services		HR/Staff Development		
	Community Engagement		Program Development						
Please provide explanation demonstrating how/where you have gained said skills and/or experience. Activity specific skills/experience:									
Other relevant skills/experience:									
Section 3 NOMINATION									
I,									
hereby nominate									
Sig	ned					Dat	e		
SEC	COND NOMINATION								
l,									
hereby second the above nomination.									
Sig	ned					Dat	e		