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| NOMINATION BY CANDIDATECouncil of Aboriginal Services Western Australia |

**In accordance withClauses 7.5 and 8.3(b)A of the**

***Council of Aboriginal Services Western Australia Constitution 2023***

***Annual General Meeting Date: 21 May 2024***

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| I am nominating for: (please tick appropriate box) |

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| **Director** | |
| **In addition to Nomination for Director, I will also be nominating for: (please tick appropriate box)** | |
| **Chairperson** | **Deputy Chairperson** |

|  |  |
| --- | --- |
| Date of nomination |  |

We the following nominators **on behalf of:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Member Service : | | | | | | | | | | | | | | |
| Proposer  Surname |  | | | | | | Given names | | |  | | | | |
| Signature |  | | | | | | | | | Date / / | | | | |
| Seconder  Surname |  | | | | | | Given names | | |  | | | | |
| Signature |  | | | | | | | | | Date / / | | | | |
| being Directors and authorised Delegates of the Member organisation do hereby, as Proposer and Seconder, respectively nominate: | | | | | | | | | | | | | | |
| Title |  | | Surname | |  | | | | | | | | | |
| Given names |  | | | | | | | | | | | | | |
| Postal address | No. |  | | | Street name | | |  | | | | | | |
| Suburb | | | |  | | | | | | | Postcode |  | |
| Phone numbers | (W) | | | | | (M) | | | | | | | | |
| Email |  | | | | | | | | | | | | | |
| Portfolio Expertise (please tick areas of expertise) | Housing Justice;Legal Disability/Aged careEarly Childhood EducationWorkforce and Enterprise Health & Social & Emotional WellbeingHeritage Language, Art and CultureEnvironmental Health Youth Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| I am a Director/Employee/Member (please strike out those not applicable) of the Member Service, and I hereby signify my willingness to accept the Office if elected. | | | | | | | | | | | | | | |
| Name requested on Ballot Paper | | | |  | | | | | | | | | | |
| Signature of Candidate | | | |  | | | | | | | Date / / | | | |
| In accepting nomination for the position as Director on the Board of the Council of Aboriginal Services Western Australia, I hereby declare that I understand the provisions of the Constitution of the Organisation. I understand that if elected as a Board Member I will be bound by all of the provisions of the *Corporations Act 2001,* the Constitution of CASWA and all of the policies and procedures of CASWA in force at the time of election and implementation from time to time.  I understand the meaning of *Conflict of Interest* as defined by the *Corporations Act (Cth) 2001.* I have read the provisions of Section 8.10 and 8.11 of the Constitution and I know of no conflict of interest that would prevent me from acting in good faith, with due diligence and in the best interests of the organisation in such a manner as would be expected of a Board member and irrespective of any personal interest I may have.  I have read section 8.5 of the Constitution and declare that I know of no reason why I am not eligible to act as Director of CASWA. I meet all eligibility pursuant to section 8.5.  I agree to comply with my legal obligations to abide by the provisions of the Constitution, the Board Code of Conduct, the *Corporations Act* and any applicable laws.  **\***All Candidates for Directors positions **must include with their nomination form a written Statement of Experience**, preferably 250 words but not exceeding an A4 page. The Statement of Experience must be confined to biographical information about the candidate, the candidate’s qualifications, skills and experience, inclusive of their policies or beliefs and highlight their expertise with the portfolio categories they are nominating for. This statement will support the candidate’s nomination to enable Members to make an informed decision.  \*\*All Candidates are required to submit **a signed Consent to Act as a CASWA Director** and **a Police Clearance no older than 3 months** as required by Rule 8.5(a)(v) of the CASWA Constitution. | | | | | | | | | | | | | | |
| Nominations must reach the Returning Officer no later than the close of nominations  Friday 26 April, noon | | | | | | | | | | | | | |
| **PLEASE LODGE THIS NOMINATION FORM WITH THE RETURNING OFFICER, NOT YOUR ORGANISATION** | | | | | | | | | | | | | |
| Taryn RichardsReturning Officer  Council of Aboriginal Services Western Australia  c/- Western Australian Electoral Commission Level 2, 66 St Georges Terrace PERTH WA 6000 or GPO BOX F316, PERTH WA 6841 | | | | | | | | | **Phone: 9214 0422**  **Email:** [**nominations@waec.wa.gov.au**](mailto:nominations@waec.wa.gov.au) | | | | |
| **Note: Nominations cannot be withdrawn after nominations close.** | | | | | | | | | | | | | |