



Victorian Aboriginal Legal Service

Board Members (Voluntary)
Victorian Aboriginal Legal Services

SOUTH EAST AUSTRALIAN ABORIGINAL JUSTICE SERVICES LIMITED

NOMINATION FORM

We, the undersigned members of the Company hereby nominate

(Print name)

for the position of _____

(Print position)

Proposer:

(Print name)

Signature

Date: ____/____/____

Seconded:

(Print name)

Signature

Date: ____/____/____



Candidate's Acceptance

I hereby accept the nomination and confirm I have provided the Company with a valid National Police Check and Working with Children's Check.

(Print full name)

Signature

Date: ___/___/___

Age: _____

Director ID: _____

Qualifications and Experience:

Length of Previous Directorship:

Returning Officer's Use Only

Date Received: ___/___/___

Are the above named members?

Candidate Yes/No
Proposer Yes/No
Secorder Yes/No

Is the nomination valid Yes/No

Returning Officer

(Print full name)

Signature



Date: ____/____/____