



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: ____/____/____

Secunder:

(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: _____

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
Seconder	Yes/No

Is the nomination valid **Yes/No**

Returning Officer

(Print full name)

Signature

Date: ____/____/____