

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)					
D						
Proposer:						
(Print name)	Signature					
Date://						
Seconder:						
(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 Seconder	Yes/No Yes/No
Is the nomination valid Yes/No	
Returning Officer	
(Print full name)	Signature

Date:	1 1			