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# Policy Council Nomination Form

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| **Name of nominee** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |

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| **Nomination is in the following category/categories\*** | **Tick** |  |
| Nominee of a peak body |  | (*3 to be elected*) |
| Nominee of a non-government community service and/or health agency with annual revenue *less* than $5m |  | (*2 to be elected*) |
| Nominee of a non-government community service and/or health agency with annual revenue *more* than $5m |  | (*2 to be elected*) |
| Nominees of an organisation whose dominant purpose is to support Aboriginal people or communities |  | (*1 to be elected*) |
| Nominee of an organisation whose dominant purpose is to support Culturally and Linguistically Diverse communities |  | (*1 to be elected*) |
| Nominee of an organisation whose dominant purpose is the delivery of services in non-metropolitan, rural and regional community areas |  | (*1 to be elected*) |
| Individual Member |  | (*2 to be elected*) |

\* Where a person or nominating organisation is eligible for more than one category they may nominate and stand for election in more than one category, but may only be elected in one category. If such a nominee would otherwise be elected in more than one category, the candidate shall nominate which category they wish to be elected in and they shall be eliminated from the vote in all other categories.

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| **For persons seeking election as nominees of member organisations** | | | |  |
| Name the nominating organisation: |  | | | |
| Name of nominator\*\*: |  |  | | |
| Contact phone number for nominator: |  | Date: |  | |

\*\* must be one of the two official representatives to SACOSS of that member organisation.

|  |  |  |  |  |
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| **Declaration / signature of Nominee** | | | |  |
| Signature of Nominee: |  | Date: |  | |

Or  ***I declare that I consent to this nomination*** (use if form submitted electronically)SACOSS Policy Council Candidate Information

#### As supplied by the candidates (two pages maximum).

|  |  |
| --- | --- |
| **Candidate Name** |  |
| **Current Position(s)  (employed or volunteer)** |  |
| **Nominating Organisation (if applicable)** |  |

### *Candidate’s areas of interest or specialisation*

### *Sectors, networks and other organisations with which you are connected*

### *How you can contribute to SACOSS through membership of Policy Council*

### *If nominating in an organisational category, tell us a little about your organisation and your role*