

Nomination Form

I agree to be nominated for the position of Director for the Ambulance Provident Fund and provide the following information to meet ASIC requirements. If accepted I agree to abide by the Constitution and Rules of the Fund.

Nominees, nominator and second must be current financial members of the Fund.

Full Name of nominee: (Please print)

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Place and country of birth:

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Current residential address:

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Signature of nominee:

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Nominated by: (Please print)

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Signature:

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Seconded by: (Please print)

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Signature:

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Please attach a brief statement of your background including any current or past Board positions with other organisations, your experience on Boards or Committees, the reasons you are standing for nomination, how you will meet the requirements of the position of a Director and the appropriate qualifications and skill sets you can bring to the Board. (Up to 500 words/ 3000 characters including spaces)

This nomination form must be lodged by email to AGM@ambprov.org.au

By 10am 12 October 2020.