

Nomination Form

Inclusive Sport SA Director, 2017

Nominations must be received at the Inclusive Sport SA Office by 22nd September, 2017

Please note that this is the official form for Inclusive Sport SA Members who wish to be nominated for election to the Inclusive Sport SA Board of Directors. Nominations will only be accepted on this official form, nominated and seconded by current financial Inclusive Sport SA Members and signed acceptance by the Nominee (Clause 14 of the Inclusive Sport SA Constitution (October 2016)).

Nominee Personal Information

Full Name			
Title	Mr/Ms/Dr/etc.		
Residential Address			Postcode:
Postal Address			Postcode:
Telephone	Home:	Business:	Mobile:
Email	Home:	Business:	
Gender			Date of Birth:
Member Type	Period of membership:		

Skills and Experience of Nominee

Please attach a CV which outlines your:-

- **Education** (Institution, Speciality, Degree, Dates)
- **Current Employment** (Employer, Position, Responsibilities, Dates)
- **Previous Employment** (Employer, Position, Responsibilities, Dates)
- **Other Directorships or Committees** (Body, Position, Dates)
- **Referees** (at least two)

Key Selection Criteria for Nominee

[Please do not provide attachments and limit response to area provided]

Strategic Priority	Describe your knowledge, qualifications and experience in relation to the Strategic Priorities of Inclusive Sport SA
Professionally market the organisation	
Link to and support best practice in inclusion	
Support people who are disadvantaged, disengaged or marginalised	
Develop and foster strong partnerships	
Develop sustainable revenue streams	

Nominee Declaration

I (Name) _____

of (Address) _____

Declare that:

- (a) The above information is true and correct
- (b) I declare that I am able to be registered with ASIC as a Director of Inclusive Sport SA
- (c) I agree to accept this nomination for the role or Director, and if elected, to be bound by the Constitution and Policies of Inclusive Sport SA Incorporated

Name _____

Signature _____ **Date** _____

Nominating Member Information

Nominating Member Name			
Name of Nominee			
Postal Address			Postcode:
Contact Telephone	Work:	Mobile:	
Statement supporting Nominee for Inclusive Sport SA Directorship (Outline the attributes/experience of the Nominee which would make them a valuable addition to the Inclusive Sport SA Board.)			

I hereby formally endorse the Nominee above for membership to the Inclusive Sport SA Board

Name

Signature

Date

2nd Signatory (Inclusive Sport SA Member) Name

Signature

Date

Completed nomination forms to be submitted by 22nd September 2017 and addressed to:

John Cranwell
Chief Executive Officer

Via:

Email: jcranwell@inclusivesportsa.com.au

Mail: Inclusive Sport SA Inc.
PO Box 63
TORRENSVILLE PLAZA SA 5031