

## **Nomination Form**

**CANDIDATE:** 

Full Name (Print clearly)

# Australian Nursing and Midwifery Federation - Australian Nursing and Midwifery Federation Western Australian Branch Scheduled Election E2019/104

(Print clearly)  For the office of: (Print name of office as shown in the Election Notice)  Location: (Branch/Sub-Branch/Division/Electorate)  Name for ballot paper: Print your name as you wish it to appear on the ballot paper  Nominator/s  I/We, the undersigned members of the Australian Nursing and Midwifery Federation WA Branch, nominate the person named above:	
(Print name of office as shown in the Election Notice)  Location: (Branch/Sub-Branch/Division/Electorate)  Name for ballot paper: Print your name as you wish it to appear on the ballot paper  Nominator/s  I/We, the undersigned members of the Australian Nursing and Midwifery Federation WA Branch, nominate the person named above:	
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I/We, the undersigned members of the Australian Nursing and Midwifery Federation WA Branch, nominate the person named above:	
Branch, nominate the person named above:	
Monthage	
NOMINATORS  Full Name (Print clearly)  Membership Number  DATE	
Full Name (Print clearly)	
//_	
CANDIDATE'S CONSENT	
I,(print your name) consent to	he
nomination for the above office. I declare that I am eligible under the rules and am not disqualifie	l t
from being a candidate [see Chapter 7, Part 4 of the Fair Work (Registered Organisations) Act	
2009].	
2000].	
Please indicate preferred title e.g. Mr, Mrs, Miss, Ms	
l lease malcate preferred title e.g. wif, wifs, wiss, wis	
Porporal amail:	
Personal email:	-
(AECs' preferred method of communication)	
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Address:	
Phone:	
Signed:/_/_	

### **Lodging Nominations**

Nominations open on 02/09/2019 and must reach the Returning Officer, Amber Cooper not later than 12:00pm Australian Western Standard Time (AWST) on 16/09/2019.

Nominations cannot be withdrawn.

Prospective candidates and nominators should verify their financial status and any other qualifications required by the Organisation's rules prior to lodging nominations.

Nominations must be lodged via the following method(s):

**By Post:** Amber Cooper, Returning Officer, AEC, GPO BOX A16 PERTH WA 6001 **By Hand:** Returning Officer, AEC, Level 13 200 St Georges Terrace Perth WA 6000

By Fax: 02 6215 9908

**By Email:** A properly completed nomination form including all necessary signatures and attachments may be scanned and submitted as a pdf file to waelections@aec.gov.au

### **Acknowledgment**

You will be sent an acknowledgment of receipt of your nomination by Email.

#### **Candidate Statements**

Candidates may submit a statement and a photograph which should be black and white and no larger than 6x4 centimetres to be included with ballot material. Only statements which comply with the Rules and are received by the Returning Officer by 12:00pm (Australian Western Standard Time (AWST) on 20/09/2019 can be accepted.

#### **Scrutineer Appointment**

A Scrutineer Appointment form is available from the Returning Officer.

Amber Cooper Returning Officer

Telephone: 08 6363 8011 Email: waelections@aec.gov.au

PLEASE NOTE: It is your responsibility to ensure that your nomination is received by the Returning Officer **BEFORE** nominations close.