

BOARD DIRECTION NOMINATION FORM 2024

I, [name of nominator]: _____

[You must be a current member of Deaf Victoria living in Victoria. If you are not a member yet, please contact us at info@deafvictoria.org.au to join first.]

wish to nominate [name of candidate or yourself]: _____

to hold a position as a director on the board of Deaf Victoria.

Your signature: _____

If you are **nominating a person (other than yourself)** for a position as a director on the board of Deaf Victoria, please forward to that person to complete and send to Deaf Victoria as per instruction below.

Consent of Board Candidate

I, _____ am willing to take on this role
if I am elected to the board at the Annual General Meeting of the Association.

Signature of candidate: _____ Date: _____

NOTE:

*Under our contractual arrangements with the Victorian Government, all Board members must have a valid **Working with Children Check (WWC)** and a recent **National Police Check**.*

If you are successful in your nomination, it will be required to undergo these checks.
Deaf Victoria will reimburse any out-of-pocket expenses incurred.

Please fill in this form and email it to President at president@deafvictoria.org.au by:
4pm Friday 15 November 2024.