
Australian College of Nursing Elected Director Nomination form

Nominations will be rendered invalid unless the nomination form is completed in full.

TO BE COMPLETED BY THE NOMINATOR (Please print all details clearly)

I, _____ the undersigned,

of, (ADDRESS)

being a Distinguished Life Fellow/General Member/Retired Fellow/Retired General Member of ACN, hereby nominate:

Name of nominee: _____ as a candidate for election to the Board of Directors of ACN.

Signature of nominator _____ Date: _____

TO BE COMPLETED BY THE SECONDER (Please print all details clearly)

I, _____ the undersigned,

of, (ADDRESS)

being a Distinguished Life Fellow/Fellow/General Member/Retired Fellow/Retired General Member of ACN, hereby second the above nomination.

Signature of seconder _____ Date: _____

TO BE COMPLETED BY THE NOMINEE

I, _____ the undersigned,

of, (ADDRESS)

being an eligible Distinguished Life Fellow/Fellow/General Member/Retired Fellow/Retired General Member of ACN, hereby accept the above nomination as a candidate for election to the Board of Directors of ACN.

Telephone: Work: _____ Home: _____ Mobile: _____

Email: _____

Signature of nominee: _____ Date: _____

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- A Distinguished Life Fellow, Fellow, General Member, Retired Fellow or Retired General Member can only be a nominee once.
 - The nominations must be seconded by another Distinguished Life Fellow, Fellow, General Member, Retired Fellow, Retired General Member.
 - A list of the names of Distinguished Life Fellows, Fellows, General Members, Retired Fellow or Retired General Members eligible for nomination to the Board is available for inspection upon request.
 - Incomplete or incorrectly completed nomination forms will not be accepted.
Nominations may be scanned and sent electronically to company.secretary@acn.edu.au OR faxed to 02 6282 3565 nominations may be mailed to: PO Box 219, Deakin West, ACT 2600. **The nomination MUST reach ACN no later than 5.00 pm (AEST) on Tuesday, 12 September 2023.**

Australian College of Nursing

Elected Board Director Nomination Profile form

Please complete all sections and attach a passport size photo. This profile **MUST** be returned with your nomination.

(tick those that **do apply**)

DISTINGUISHED LIFE FELLOW

FELLOW

GENERAL MEMBER

RETIRED FELLOW

RETIRED GENERAL MEMBER

ENROLLED NURSE

REGISTERED NURSE

REGISTERED MIDWIFE

Current position:

Nominee Profile outlining their skills, qualifications, and general information regarding their candidacy up to 250-words for use in the election documentation:

Two (2) referees: (need not be ACN Fellows/Members but cannot be ACN employees or Directors) who ACN may contact to discuss your nomination.

Referee 1: Name: _____ Email: _____

Referee 1: Mobile: _____

Referee 2: Name: _____ Email: _____

Referee 2: Mobile: _____

I meet the *Chosen Director Attribute* as I am currently a professor of a health discipline from a higher education provider so that they are eligible to sit on the Company's Academic Council.

OR

I do not meet the *Chosen Director Attribute*.

I have attached a document (up to 1,500 words – three (3) typed A4 pages single line spacing) demonstrating my ability to meet:

- (i) Essential Criteria; and
- (ii) Desirable Criteria.

As outlined on pages 17 - 21 of the ACN Election of Directors - 2023 Nominees Information Pack.

I have attached a passport size photograph.

Members are reminded that they are not permitted, in any circumstances, to use any official ACN social media pages or official ACN resources to promote themselves during elections.

Signature _____ Date: _____