

**SOUTH WEST ABORIGINAL MEDICAL
SERVICE**

Unit 3/30 Wellington Street, Bunbury WA 6230

(PO Box 1444)

Ph: (08) 9791 1166 Fax: (08) 9721 4621

**NOMINATION FOR SWAMS MEMBER DIRECTOR****Section 1 – Nominee Details**

NOMINEE FULL NAME:			
DATE OF BIRTH:			
ADDRESS:	STREET:		
	CITY/TOWN:		
	STATE:		POSTCODE:
	PHONE NO.:		MOBILE NO:
EMAIL ADDRESS			
MEMBERSHIP NUMBER (if known)		MEMBERSHIP START DATE (if known)	
DIRECTOR IDENTIFICATION NUMBER (if obtained)			

Nominee must complete Attachment A and B Forms

**MUST BE NOMINATED BY SEPARATE
SWAMS MEMBER**
(To complete below)

Section 2 – Proposer Details

NOMINATED BY:			
MEMBERSHIP NUMBER (if known)		PHONE NUMBER	
SIGNATURE:			
DATE:			

Section 3 – Office Use Only

Date & Time Received:		Eligibility Checked Against Clause 28	Yes <input type="checkbox"/> Initials: _____
Approved for Election consideration by Selection Committee	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason _____		
SIGNATURE		DATE	

ATTACHMENT A

Eligibility to be a Member Director

To be eligible to become a member director, a person must meet the following eligibility criteria as per the SWAMS Constitution (Please tick the requirements you meet):

- ☐ Have been a Member of SWAMS for at least 12 months prior to the AGM date;
- ☐ Am at least 18 years of age;
- ☐ Am an Aboriginal or Torres Strait Islander person;
- ☐ Am not a Close Family Relative of more than one person in the Senior Management Team;
- ☐ Am not a Close Family Relative of another Director;
- ☐ Have not been an employee or contractor of SWAMS in the exclusion period required;
- ☐ Consent to a Police Check on appointment;
- ☐ If required by law, hold a current Working with Children Card or will obtain one within 6 months of appointment;
- ☐ Am not disqualified from managing a corporation or from being a Responsible Person;
- ☐ Will complete Corporate Governance Training within 3 months of appointment (unless extended by the Board).

I _____ hereby declare that I meet all of the above outlined eligibility criteria.

Signed: _____

Date: _____

