



NOMINATION BY CANDIDATE

South West Aboriginal Medical Services

In accordance with Clause 28 of the South West Aboriginal Medical Service Constitution

Position	Member Director	Date of election	23/4 /2026
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Candidate's details			
Title		Surname	
Given names			
Name requested on ballot paper			
Contact address			
	Suburb		Postcode
Phone numbers	(Mob)		(Other)
Email			

I am a financial member of the South West Aboriginal Medical Services, and I hereby signify my willingness to accept the office if elected.

Signature of candidate		Date	/	/
Nominee Must complete Attachment A and B Forms				

Nominations must reach the Returning Officer no later than the close of nominations at 12 noon on Tuesday 24 March 2026.

PLEASE LODGE THIS NOMINATION FORM WITH THE RETURNING OFFICER, **NOT** YOUR ORGANISATION

Note: Candidates cannot withdraw their nominations after the close of nominations.

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 the above outlined eligibility criteria.

Signed: _____

Date: _____

