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**	**19 / 11 / 26**

I, the following nominator (proposer)			
Surname (proposer)		**Given names**	
Membership Number		**Phone No**	
Being a member of the organisation do hereby, as proposer, respectively nominate			
Title		**Surname**	
Given names			
Contact address			
	Suburb		Postcode
Phone numbers	(Mob)	(Other)	
Email			
Signature of proposer		**Date** / /	

I am a member of the South West Aboriginal Medical Services, and I hereby signify my willingness to accept the office if elected.		
Name to appear on ballot paper		
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 Friday 18th September 2026

Corporate Secretary **South West Aboriginal Medical Services** Unit 3/30 Wellington Street BUNBURY WA 6230 or PO BOX 1444, BUNBURY WA 6231	**Phone:** **08 9797 8111** **Email:** corporatesecretary@swams.com.au

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: _____

ATTACHMENT B

Nominee's Statement of Skills, Experience & Qualifications

Please outline any Qualifications, Experience and/or Relevant Skills (Attach additional pages if required):

I, hereby declare that the above information is true and correct. Evidence or supporting documentation can be provided if requested.

Signed: _____

Date: _____