

PORT LINCOLN ABORIGINAL HEALTH SERVICE INC

PO BOX 1583
19A Oxford Tce
PORT LINCOLN SA 5606

NOMINATION OF OFFICE BEARER

We the undersigned do hereby nominate:-

FULL NAME:

Full Address:

*Date of Birth/...../.....

(*this only applies if nominating for youth member position – must be aged from 18-25 years of age at time of election)

Nominator Name

Nominator Signature Date:/...../ 2021

Seconder Name

Seconder Signature Date:/...../ 2021

Consent to the nomination and intend to act if elected:

Nominee Signature Date:/...../ 2021

Witness Name

Witness Signature Date:/...../ 2021

National Police Check: Applied for: Y N Date of Receipt:/...../ 2021

Submitted: Y N Date:/...../ 2021

Relevant Qualifications, Experience & Life Skills of Nominee: *(Please attach page if additional information is required)*

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Statement of how appointment to BOM would benefit the PLAHS Service: *(Please attach page if additional information is required)*

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I hereby give permission for my photograph to be taken and used in the BOM 2021

Nominee Signature Date:/...../ 2021

OFFICE USE ONLY

Nomination Received by PLAHS Staff Member: Date:/...../ 2021

National Police Check Received: Y N Date:/...../ 2021

Please Note this extract from the current PLAHS Constitution:

2a)

- 1 *Membership of the Association is open to people of Aboriginal descent whose Aboriginality is confirmed by Port Lincoln Aboriginal Community Council.*
 - 2 *Have traditional and cultural affiliation within the South Australian West Coast Aboriginal communities and accepted as such by Port Lincoln Aboriginal Health Services Inc.*
 - 3 *Any person who meets clause (1) and (2) of the abovementioned criteria, but has not lived in the area for a period of time, shall become eligible to vote after being a resident in Port Lincoln for three (3) months.*
 - 4 *Any person who does not meet these criteria shall only be an associate member. However, if an associate member has resided in Port Lincoln for a continuous period of 10 years he/she shall become eligible for voting membership to be ratified and accepted by Port Lincoln Aboriginal Health Services Inc.*
- 2b) *Employees who are considered staff of the Association shall be considered to be associate members and are ineligible to vote at elections or hold any position on the Association's committee.*
- 6) *All members pursuant Clause 2(a) (1) must be at least 18 years of age to vote. Roll of eligible persons shall be prepared and maintained by a Returning Officer so nominated and delegated by the committee.*
- 9 a) *Nominations must be in writing on forms to be supplied by the Returning Officer and signed by the nominated persons and two persons eligible to vote in the Association's election.*
- b) *Nominations must be accompanied by such information as the Committee may require, including but not limited to:*
- *A national police check conducted within the last 12 months;*
 - *A brief summary of their relevant qualifications, experience and life skills; and*
 - *A statement setting out how their appointment to the Committee would be beneficial to the Association.*

Please Note this extract from the current PLAHS Governance Policy:

- 2.3.5 *Police Checks for BOM members:*
A national police check must be provided by a community member as part of the nomination process.

This means that the nominated person, the nominee and the seconder must all meet the above requirements.

**NOMINATIONS MUST BE LODGED WITH THE
RETURNING OFFICER C/- RECEPTION AT PLAHS
BY 5:00pm FRIDAY, 12th March, 2021**