**ELECTED DIRECTOR NOMINATION FORM**

This form is to be completed by applicants who wish to be considered for election as an Elected Director to the Board of Women’s Bowls NSW.

Please submit the form below with your curriculum vitae and a headshot photograph by email to: [ceo@womensbowlsnsw.org](mailto:ceo@womensbowlsnsw.org) marked as Confidential Nomination for Director.

Deadline for Nominations: close of business Wednesday 26th August 2020

Late applications will not be accepted.

**Section 1 | Nominee** **Contact information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | | Given names: | |  | | | | | | |
|  | |  | |  | | | | | | | |  |
| Surname: | |  | | | | | | Member ID: | | |  | |
|  | |  |  | | | | | | | | |  |
| Email address: | | |  | | | | | | | | | |
|  | |  | | | | | |  | | | |  |
| Address: | |  | | | | | | | | | | |
|  | |  | | | | | |  | | | |  |
| Suburb: | |  | | | | | Postcode: | | |  | | |
|  | |  | | | | | |  | | | |  |
| State/territory: | | |  | | | | | |  | | |  |
|  | |  | | | | | |  | | | |  |
| Home phone: | | |  | | Work phone: | | | |  | | | |
|  | | |  | | | | |  | | | |  |
| Mobile phone: | | |  | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Nominee Name | Signature | Date |

**Section 2 | Nomination information**

By filling in this nomination form I      , acknowledge that I do not hold a disqualifying position as outlined in the attached “WBNSW Director Core Competencies” If I do currently hold one of these disqualifying positions, I acknowledge that I will immediately resign from the disqualifying position if elected.

**To be filled in by the nominator:**

I      , member of       [name of affiliated entity], nominate       for the position of Elected Director to the Board of Women’s Bowls NSW.

**Signed:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Nominator Name | Signature | Date |

**Section 3 | Member confirmation (Completed by Club Secretary)**

This section is a compulsory field to be considered for the position as Elected Director.

I,       on behalf of       (Member Club) confirm that Elected Director nominee       is a financial full member of a Bowls Club and has no disputes or financial payments pending.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Member Name | Signature | Date |

**Section 4 | Application form**

Questions 1 to 4 must be answered to be considered for the position as Elected Director.

1. **Ability to demonstrate Board experience and knowledge of the role of a Director.**

1. **In addition to the above, please demonstrate one or both of the following experiences:**
   * 1. **Business experience – management level or above;**
     2. **Bowls administration experience**

1. **Please outline any applicable knowledge/networks which may assist you in the position of Elected Director:**

1. **Please provide any additional information/comments in support of your application:**