NOMINATION FORM FOR STUDENT MEMBER CATEGORY

I wish to nominate …………………………………………………………………………………………………………. for an elected position as a school employee member on the school council.

**Candidate’s details**

Name .……………………………………………………………………………………………..…………………………………………………………………….

Residential address ……………………………………………………………………………………………………………………………………………….

Contact phone (mobile or landline) ………………………………………………………………………………………………………………………

Email ……………………………………………………………………………………………………………………………………………………………………..

I am an employee of the Department of Education and Training. Yes / No (please circle)

**Nominee Statement**

I am currently enrolled in Year 7 or above at this school Yes / No (please circle)

The person I have nominated is currently enrolled in Year 7 or

above at this school Yes / No (please circle)

Name of nominator …………………………………………………………………………………..………………….…………………………………….

Signature of nominator .............................................................................................................. Date............... / ............... / ..............

**Candidate to complete**

I am enrolled in Year 7 or above at this school `Yes / No (please circle)

I have discussed standing for election to school council with my

parents or guardians Yes / No (please circle)

I have a sound understanding of the obligations and level of

commitment required to participate on school council Yes / No (please circle)

I accept the nomination and I am prepared to serve as a school employee member of the above-named school council. I hereby declare that:

1. - I am not, and have never been, insolvent under administration
2. - I am of sound mind
3. - I have not been found guilty of an offence that is, or would if committed in Victoria be, an indictable offence
4. - I am not a registrable offender within the meaning of the *Sex Offenders Registration Act 2004.*
5. - I am not suffering from any medical condition that would affect my ability to perform the role of member of a school council.

Signature of candidate ....................................................................................................................Date............... / ............... / .............

**You will be notified when your nomination has been received.**

The personal information provided in this form is collected as part of the school council election nomination process. The information may be used to determine your eligibility as a candidate. Your personal information may be disclosed as a result of inspection prior to the commencement of voting or at any time up to one year from the declaration of the poll.

Your name will be included in a list of school council candidates and nominators (where applicable) posted in a prominent position at the school and for candidates, on a ballot paper (where applicable).

Further, the name, membership category, gender (optional), term of office, office held (if any) of school council members and notification whether the member is an employee of the Department will be forwarded to the Department by the principal by 30 April each year as a record of council membership and may be used for statistical purposes. You can access your personal information by contacting the principal on: 8762 4600

*If you choose not to give some or all of the information requested your nomination may not be accepted.*

*If you have any queries about the school council nomination process, please contact the principal.*