Form 6: nomination form for school employee member category

I wish to nominate (name below)		
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:		
Statement The person I have nominated is:	Yes (Mark with an x)	No (Mark with an x)
an employee of the Department of Education and Training		
an employee of the school council		
engaged in work at and for the school		
Name of nominator		
Signature of nominator		
Date:		
Candidate to complete I accept the nomination and I am prepared to serve as a school employee member of the above-na I hereby declare that: I am not, and have never been, insolvent under administration I am of sound mind I have not been found guilty of an offence that is, or would if committed in Victoria be, an indictal I am not a registrable offender within the meaning of the Sex Offenders Registration Act 2004. I am not suffering from any medical condition that would affect my ability to perform the role of message and the suffering from any medical condition that would affect my ability to perform the role of message and the suffering from any medical condition that would affect my ability to perform the role of message and the suffering from any medical condition that would affect my ability to perform the role of message and the suffering from any medical condition that would affect my ability to perform the role of message and the suffering from any medical condition that would affect my ability to perform the role of message and the suffering from any medical condition that would affect my ability to perform the role of message and the suffering from any medical condition that would affect my ability to perform the role of message and the suffering from any medical condition that would affect my ability to perform the role of message and the suffering from any medical condition that would affect my ability to perform the suffering from any medical condition that would affect my ability to perform the suffering from any medical condition that would affect my ability to perform the suffering from any medical condition that would affect my ability to perform the suffering from any medical condition that would affect my ability to perform the suffering from any medical condition that would affect my ability to perform the suffering from any medical condition that would affect my ability to perform the suffering from any medical condition that would affect my ability to perform the suffering from any medical	ole offence	
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: 5218 5100