

Nomination Form for Election to the Board of the Conservation Council ACT Region

Note: Nominations must be received by the Secretary not less than seven (7) days before the day of the Annual General Meeting.

Send nominations to secretary@conservationcouncil.org.au or GPO Box 544 Canberra ACT 2602

Name of Nominee (print name)		
Member Group/s (Name of financial Member organisation)		
Position Sought (Positions are: President, Vice President x 2, Secretary, Elected Board Member x 6)		
Date of nomination		
Declaration: I hereby accept nomination for the above-mentioned position on the Board of the Conservation Council ACT Region Inc.		

I declare that in accordance with ACNC Governance Standard 4:

- I am not disqualified from managing a corporation, within the meaning of the Corporations Act 2001 (Cth) and
- I have not been disqualified by the Australian Charities and Not-for-profits Commissioner at any time during the
 previous year from being a responsible person (what the ACNC Act calls a 'responsible entity') of a registered
 charity.

If elected and while I am a Responsible Person for the Conservation Council ACT Region, I agree to notify the Board as soon as possible if I do become disqualified from managing a corporation within the meaning of the Corporations Act 2001, or am disqualified by the Australian Charities and Not-for-profits Commissioner. Responsible persons are the members of a charity's governing body who share responsibility for the governance of the charity (called 'responsible entities' under the ACNC Act).

If elected, under ACNC Governance Standard 5 as a Responsible Person, I undertake to :

- act with reasonable care and diligence
- act honestly and fairly in the best interests of the Conservation Council ACT Region and for its charitable purposes
- not misuse my position or information I may gain as a Responsible Person
- disclose actual or potential conflicts of interest
- ensure that the financial affairs of the charity are managed responsibly, and
- not allow the Conservation Council ACT Region to operate while it is insolvent.

Signature of Nominee (*A confirmation email from the nominee will be accepted in lieu of this form being signed.)		Date
I have included a 200 word statement in support of my nomination.		YES / NO
(Nominees are encouraged to read and cons		

Nominees in preparing their statement.)	
Nominated by (print name)	
Member Group/s (Name of Member organisation)	
Signature (*An email from the nominator confirming nomination will be accepted in lieu of this form being signed.)	Date
Seconded by (print name)	
Member Group/s (Must be different from the other nominator's Member organisation)	
Signature (*An email from the nominator confirming nomination will be accepted in lieu of this form being signed.)	Date

[Office Use Only]
Nomination received (date and time)