

Nomination for Election Form – Conference Council 2009 Annual Meeting of the Churches of Christ in Queensland



Please read the Information Sheets on ‘Elected Positions’ and ‘Constitutional Reform & Impact On Elected Positions’ before completing this form. If you are seeking to apply for Conference President or Agency Board positions, then please use the separate ‘Nomination for Election Form - Conference President & Agency Boards/ Committees’.



To be completed by Nominee:

Position that you are nominating for (tick relevant O): *Term* *2009/10 Positions open for election*

O Conference Council (if current constitution retained) 1 year 10

AND/ OR

O Conference Council (if new constitution adopted) 3 years 10

Full name:

Residential address:

Postal address:

Occupation:

Telephones:

Email:

Local CofCQld Church that you are a member of:

Blue card number: (if you do not have a Blue Card then please contact Andrea in the CofCQld State Office on 3327 1661 to apply for one free of charge)

Brief details of leadership positions in local Church and/ or Conference along with any other supporting experience (please state details as you desire them published):

.....

Additional notes to this nomination (if required – refer to the ‘Elected Positions’ Information Sheet for more information. Please note that any information provided at this question is confidential and will not be publicly released):

.....

Declaration: *I declare that the information provided on this form and the attached ‘Competency Self Assessment’ form is to the best of my knowledge true and correct by virtue of the provisions of the Oaths Act 1867. I consent to being nominated for election and for the information provided on this form (except the ‘additional notes’ section) being used for election information purposes. I have received, read and agreed to the information concerning the requirements for standing for election as outlined in the ‘Elected Positions’ Information Sheet.*

Signature of Nominee: **Signature of Witness :**

Name of Nominee: **Name of Witness:**

Date: **Date:**

To be completed by a CofCQld Local Church:

(insert name of CofCQld Church) hereby submits this nomination in the belief that the nominee is a suitable person with an appropriate level of expertise and experience to occupy a position on Conference Council.

Signature : **Date:**

Your name :

Your position in your Church (e.g. Elder, Minister, etc.) :

Submit this form, the ‘Council Member Competency Assessment’ form, and a photocopy/scan of your Blue Card via email or post (details below) so that it is received by no later than Thurs 15th October 2009.

Email: admin@cofcqld.com.au
 Post: Steve Slade, EPO Office
 Churches of Christ in Qld
 P.O. Box 508
 KENMORE QLD 4069
Faxed applications cannot be accepted.

*** Please note that for this application to be accepted it must be submitted along with a completed ‘Council Member Competency Self Assessment’ form AND a photocopy/scan of a current Blue Card. Please read the Information Sheets on ‘Elected Positions’ and ‘Constitutional Reform & Impact On Elected Positions’ for more information ***