



BOARD NOMINATION - CURRICULUM VITAE

Nominee Name:

Occupation:

Qualifications:

Relevant Experience:

Positions held in other Organisations:

Reason for Nomination:



FOR PDCN INTERNAL USE ONLY:

The following information is collected for the purposes of ascertaining whether a nominee is legally eligible to participate in the management of the Physical Disability Council of NSW

- as regulated under Commonwealth law, and
- in the event of a nominee's successful election advising regulatory bodies of the details of officeholders for PDCN

Date of Birth:

Place of Birth (town/city):

Place of Birth (state/country):

Former Name (if changed by deed poll or marriage):

Address:

Phone:

Home
Mobile
Work

Email:

I, _____ declare that:

- 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 in the event that I become a responsible person for PDCN, I agree to notify PDCN 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).

Name:

Signature:

Date:

Please turn over and complete other side