



Call for Board Nominations

The Physical Disability Council of NSW is seeking nominations for Directors for its Board of Management.

In accordance with the PDCN Constitution, the 2017-2018 Board will consist of eight (8) members, at least 5 of whom must be persons with a disability **or** a representative of a person with a disability under the age of 16.

Current Board members are eligible for re-election.

In order to ensure an appropriate balance, the Board is particularly seeking candidates with legal expertise; strong social or disability policy expertise; fundraising expertise or experience in governance of a not for profit organisation.

Nominees must submit the attached CV form and short statement addressing their experience in line with one or more of the above areas of expertise, or other relevant experience, with their nomination form.

To nominate for the PDCN Board each nominee must complete and sign the nomination form and be accompanied by the signature of a proposer and seconder. To be a valid nomination the nominee, proposer and seconder must be financial individual members, or representatives of voting organisational members of PDCN. Associate and Corporate members are ineligible to vote in PDCN elections.

Nominations must be received before 5pm on Friday 15th September.

In the event that more nominations are received than there are places on the Board, an election will be held.

Ballots will be made available from Monday 25th Sept, with the close of ballot occurring on

Monday 9th October, 5pm AEST.

Note: All candidates for the Board are also invited to submit a statement of up to 200 words for inclusion with the ballot papers. Please submit this with your nomination form, and CV, so that they can be circulated to members with the ballot papers.

Please return nominations to:

The Returning Officer

By mail: Physical Disability Council of NSW

3/184 Glebe Point Rd

Glebe NSW 2037

By email: membership@pdcnsw.org.au



NOMINATION FORM

PDCN Board 2017 – 2018

I wish to nominate the below qualified candidate for election to the PDCN Board:

Name of Proposer: _____

Signature of Proposer: _____

Organisation (if nominating on behalf of an organisational member) _____

Date: _____ Telephone: _____

Email: _____

Name of Secunder: _____

Signature of Secunder: _____

Organisation (if nominating on behalf of an organisational member) _____

Date: _____ Telephone: _____

Email: _____

I, _____ (name of candidate)

Hereby accept nomination for the PDCN Board

Signature of Candidate _____

Date: _____ Telephone: _____

Email: _____

Please tick if relevant ☐ I am a person with a disability with a disability ☐ I am the parent of a child under 16yrs

All nominations must be received by 5pm Friday 15th September

To: The Returning Officer

By mail: PDCN, 3/184 Glebe Point Rd, Glebe NSW 2037

By email: membership@pdcnsw.org.au

By fax: 02 9552 4464