**NOMINATION FORM**

**2025 ELECTION TO THE BOARD of**

**Down Syndrome Association Western Australia (Inc)**

**NOMINATOR** *(please print or type)*

I *(name):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of *(Address):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement in support of Nomination:(required DSWA Constitution 2022 Sec 33.3)

Enter Here…

and **SECONDER** *(please print or type)*

I *(name):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of *(Address):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

being Members of Down Syndrome WA nominate and second:

**NOMINEE** *(please print or type)*

I *(name):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of *(Address):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for the position of ordinary member of the Down Syndrome WA board.

**SIGNED**

Nominator

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Seconder

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOMINEE ACCEPTANCE**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ accept nomination for the position of elected Member of the Board of Down Syndrome WA.

I,

1. have not accepted any other nomination for election to the Board
2. support the objects and charitable purposes of Down Syndrome WA
3. am at least 18 years of age
4. am a DSWA member
5. am not an employee of or in receipt of fees from Down Syndrome WA
6. am not bankrupt or in financial insolvency, and
7. am not ineligible to be a Board Member under the *Corporations Act 2001 (Cth)* or the *Australian Charities Not-for-profits Commission Act 2012 (Cth)*.

Nominee’s Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of Interest**

*Please provide a statement of your skills and experience (Max 250 words) (This can be provided by Video)*

*You may like to include how your experiences would contribute to your effective membership of the Down Syndrome WA Board*

*The statement will be shared with members in the event of an election.*

***Enter Here;***

**Important Information**

Along with your Nomination form, please submit your current Resume

Nomination forms must be returned to secretary via, the Chair of the Board either by email to secretary@downsyndromewa.org.au, or by mail to Chair of the Board, Nia Parker, **Down Syndrome WA, PO Box 555 Cloverdale WA 6985**. Nominations must be received by 4:00 pm Mon**day 1 September 2025***.*

Confidential Enquiries can be made to Chair Nia Parker – chair@downsyndromewa.org.au