

**Nomination for:** Australian Capital Territory Division Councillor

**Name of Nominee:**

(Please Print Full Name of Nominee)

**Membership Number:**

**Residential Address:**

**Mobile Phone number:**

**Email address:**

**Consent of Nominee:**

I confirm that: I am at least 18 years of age, I have been a Member of Australian Red Cross for a continuous period of at least six months at the date of nomination, I consent to this nomination, I confirm I have a valid police record check with Australian Red Cross (or will submit an application for a police record check through Australian Red Cross promptly upon my nomination), and I confirm I have (or would be willing to promptly obtain) a valid Working with Children/Vulnerable People Check in the Division.

(Signature of Nominee)

**Proposer:** I am at least 15 years of age, I have been a Member of Australian Red Cross for a continuous period of at least six months, I know the Nominee and I believe them to be a fit and proper person to be a Division Councillor

**Seconder:** I am at least 15 years of age, I have been a Member of Australian Red Cross for a continuous period of at least six months, I know the Nominee and I believe them to be a fit and proper person to be a Division Councillor

(Signature of Proposer)

(Signature of Seconder)

(Please Print Full Name of Proposer)

(Please Print Full Name of Seconder)

(Email address of Proposer)

(Email address of Seconder)

**Return of nomination forms**

Completed Nomination Forms **must be received by the Director – Australian Capital Territory no later than end of day (local time) on Monday, 8 September 2025 by email to [dturton@redcross.org.au](mailto:dturton@redcross.org.au)**.

**Notes**

- (a) This Nomination Form is valid only where duly completed and signed by:
  - (i) the Nominee (who must be at least 18 years of age and have been a Member of at least six months).
  - (ii) The Proposer and Seconder (who must be at least 15 years of age and have been a Member of at least six months).
- (b) A nomination will not be accepted unless the candidate has/receives within 7 days of the closing date for nominations satisfactory police check in accordance with the Australian Red Cross Police Check Policy.
- (c) Where the number of candidates exceed the number of positions, the Returning Officer will advise Division Members and provide a secret ballot form which includes each Nominee's statement.

**Nominee Name:**

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*(Please Print Full Name of Nominee)*

**Nominee Statement:** *(Maximum 1 page)*