

Nomination for: South Australia 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 – South Australia no later than end of day (local time) on Sunday, 7 September 2025 by email to samembership@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:

(Please Print Full Name of Nominee)

Nominee Statement: *(Maximum 1 page)*