

# National Advisory Council Chairperson: Call for Nominations

**Nomination form for the position of Chairperson of National Advisory Council (NAC) for two (2) year term of office to expire on 31 December 2024.**

## Eligibility criteria - Nominees must be:

- a voting NAC representative who has served on the NAC for a period of at least 12 months immediately prior to the closing date for nomination; or
- a current member of a Branch Council who has served on that Branch Council for a period of at least 12 months immediately prior to the closing date for nomination; or
- a current member of a National Group National Committee who has served on that National Group National Committee for a period of at least 12 months; or
- an office bearer of a Branch Council or National Group National Committee who has served as an office bearer on that Branch Council or National Group National Committee for a period of at least two years in the five years immediately prior to the closing date for nominations.

## Procedure

A nominee must:

1. sign and accept the nomination for the position of Chairperson of the NAC
2. be eligible\* to be elected to the position of Chairperson of the NAC.

In the event that there is more than one nomination for the position, an election shall be conducted.

Candidates are encouraged to provide a personal statement to profile themselves and to facilitate any ballot.

Personal Statements will consist of a PDF document of up to a maximum of 4 pages in length. Candidates are free to include whatever information they choose within this document (such as supporting statements, CVs, links to practice websites, twitter feeds, online profiles etc.) to support their nomination.

## Further Information

Returning Officer – Sam Goodier, Manager, Operations [Sam.Goodier@australian.physio](mailto:Sam.Goodier@australian.physio)

**Nominations to be received by Returning Officer by 5.00pm (AEDT), 21 October 2022**

Please be advised that to prevent nominees from being disadvantaged by circumstances beyond the APA's control, (e.g., disruption of mail deliveries, telecommunication faults etc), it is the responsibility of the nominee to confirm their nomination has been received by the closing date.

## NOMINATION FORM FOR A POSITION OF NATIONAL ADVISORY COUNCIL CHAIRPERSON

### NOMINEE

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Member Name:

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APA Member No: Ph:

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Postal address:

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Email:

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Signature: Date:

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### PROPOSER

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Member Name:

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APA Member No: Ph:

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Postal address:

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Email:

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Signature: Date:

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### SECONDER

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Member Name:

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APA Member No: Ph:

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Postal address:

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Email:

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Signature: Date:

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