##### Nomination for Director 2024

Members must apply in accordance with the College Constitution.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being a financial, Voting member of the Australasian College of Paramedicine Ltd,

Nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the position of Director.

Signed by Proposer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being a financial, Voting member of the Australasian College of Paramedicine Ltd second the nomination.

Signed by Seconder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

being a financial, Voting member of the Australasian College of Paramedicine Ltd accept this nomination. I declare that I am a fit and proper person to serve as a Director and I have not been disqualified from serving as a Director. I also understand that if elected as a Director I must diligently exercise the powers and discharge the duties required of me as a Director under the Corporations Act 2001 (Cth).

Signed by Nominee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Please return all nomination /application forms by close of business Monday 5th August 2024 to:***

Post: Australasian College of Paramedicine Email: ceo@paramedics.org

Level 3, 478 George Street

Sydney NSW 2000