

NOMINATION FORM FOR THE ASPERLUTELY AUTSOME BOARD



Full name _____

Address _____

D.O.B _____

Email: _____

Phone: _____

Male Female Other

Do you identify as being on the Autism Spectrum _____

Are you a carer/family member/mentor/volunteer? _____

Are you a financial member of Asperlutely Autsome? _____

Have you participated in Asperlutely Autsome volunteer training _____

Have you volunteered at an Asperlutely Autsome event _____

If yes. Which one/s _____

I, _____ wish to be nominated for the Asperlutely Autsome Board.

I wish to nominate for a 1 year / 3 year term. (strike out the non applicable term)

I _____ Nominate _____ as a
nominee for the Asperlutely Autsome Board. *(Must be filled by a financial member)*

Do you have any board experience?

Skills you can bring to the organisation?

Why do you want to be a part of the Asperlutely Autsome Board?

Are you prepared to sign a board confidentiality agreement?

Please supply a copy of your current DCSI clearances for Working with vulnerable persons and working with children.

A copy of these documents must be sighted before the start of the AGM by the secretary or chairman.

Board use only

Date Received by Board Secretary: _____

DCSI clearances received or sighted: _____ Date: _____

Financial Member: _____

All required information Supplied: _____

Nomination: Accepted

Nomination: Rejected

Reason: _____

Signed

Board Secretary: _____ Date: _____

Chairman: _____ Date: _____