**A picture containing drawing

Description automatically generatedNomination Form**

**DIA Elected Director Positions 2024**

Please submit this nomination form to **jess.harper@intermediaries.org.au**   
by end of day **THURSDAY 28 NOVEMBER 2024**

Please use the following title in your email header:   
***Confidential – Board Election Nomination.***

The below form must include nomination from two current DIA Members.

\* Fields that will be shared with DIA Members Prior to AGM

|  |  |
| --- | --- |
| TITLE: | \* |
| FULL NAME: | \* |
| CURRENT ROLE: | \* |
| QUALIFICATIONS: | \* |
| EMAIL: |  |
| TELEPHONE: |  |
| BRIEF SUMMARY OF YOUR EXPERIENCE  *DIRECTORSHIP & MANAGEMENT* | \* *Please outline your Director and/or Managerial experience including:*   * *Name of organisation* * *Period: e.g. 2013-2016* * *Position: e.g. Director, Chair, Committee member, CEO, General Manager* |
| STATEMENT  (max 250 words) | \* *Please include a short statement outlining why you wish to join the Board of Disability Intermediaries Australia Ltd.* |
| DECLARATION | I confirm that if elected I consent to act as a Director and declare that I have not been disqualified from managing a corporation within the meaning of the Corporations Act 2001 (Cth) nor have I been disqualified by the Australian Charities and Not-for-profits Commissioner.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Date \_\_\_\_/\_\_\_\_/2024 |
| DIA MEMBER NOMINATION *MOVER* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nominator Name  *(Authorised Officer of Organisation)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Organization  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nominator Signature  Date \_\_\_\_/\_\_\_\_/2024 |
| DIA MEMBER NOMINATION *SECONDER* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nominator Name  *(Authorised Officer of Organisation)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Organization  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nominator Signature  Date \_\_\_\_/\_\_\_\_/2024 |