

# Scarboro Surf Life Saving Club

## NOMINATION FORM

### ELECTED DIRECTORS

Seasons 2026/27 and 2027/28

POSITION:

.....

Please tick box where appropriate.

- I have a valid Working With Children Check Card. Copy to be submitted before election to confirm nomination.  
Registration No: ..... Expiry Date: .....
- I have a National Police Certificate, valid for not more than 4 years. Copy to be submitted before election to confirm nomination.  
Date of NPC: .....
- I will become familiar with and comply with the (State) **Associations Incorporation Act 2015** and the **Associations Incorporation Regulations 2016** and confirm that I am not in contravention of section 39 of that Act (*persons who are not to be members of management committee*) as stated on the reverse of this form.
- I acknowledge that I have become familiar with and will comply with the Club's Constitution and Policies and agree to adhere to the rules of the Club to the fullest extent possible.
- I have read and understood the job description for this position, am suitably skilled to perform the duties required and agree to achieve the expected performance goals to the best of my ability.

NAME OF APPLICANT

NAME OF NOMINATOR

(Print).....

(Print).....

SIGNATURE OF APPLICANT

SIGNATURE OF NOMINATOR

(Sign).....

(Sign).....

DATE:

DATE: