



**Murray Valley Aboriginal Cooperative**

87 Latje Road, Robinvale VIC 3549

03 5026 3353 | info@mvac.org.au

[mvac.org.au](http://mvac.org.au)



## Director Nomination Form

*Please complete and return this Nomination Form to MVAC's registered office at 87 Latje Road, (MVAC Medical Centre) Robinvale on or before Friday, 19 January 2024. All fields in this Nomination Form are mandatory and a nomination may not be accepted if the form is incomplete. Capitalised terms in this form have the same meaning given to them in the rules of the Murray Valley Aboriginal Co-operative Limited ABN 52 318 962 889 (MVAC).*

<b>Full name of nominated person</b>	
<b>Date of birth</b>	
<b>Details of qualifications and experience</b>	
<b>Please list details (including length of any previous service) of all current and previous experience as a director of any co-operative or other incorporated entity (including of MVAC)</b>	

I, \_\_\_\_\_, declare that:  
(nominee name)

1. I am an active Member of MVAC or possess special skills in management or other technical areas of benefit to MVAC as specified by the Board from time to time;
2. I am not disqualified under Division 2 of Part 3.1 of the CNL (Vic);
3. I am not an insolvent under administration;



4. I am not a represented person within the meaning of the *Guardianship and Administration Act 1986*; and
  5. I have completed, or commit to completing within 6 months of my election as a director of MVAC, formal directors governance training as approved by the Registrar,
- and I accept and agree to my nomination for the position of director of MVAC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Endorsement of MVAC Members**

Nominated by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note the following in relation to this Nomination Form**

1. All fields in the Nomination Form are mandatory, including providing details of qualifications and experience.
2. The Nomination Form must be signed by 2 or more members (in addition to being signed by the person accepting the nomination).
3. The Nomination Form must be signed by the person accepting and agreeing to the nomination.
4. The Nomination Form must be accompanied by a current criminal record check from a police or a Crimtrac agency (issued no more than 6 months to the date of the nomination or appointment as a director of MVAC).
5. Completed Nomination Forms must be lodged at the registered office of MVAC (Medical Centre) on or before Friday, 19 January 2024.