

INSTITUTE OF SENIOR EDUCATIONAL ADMINISTRATORS  
OF NEW SOUTH WALES



2009 Election of Executive Officers and  
Ordinary Members of the State Council

**Nomination Form**

**A COMPLETED NOMINATION FORM MUST BE RECEIVED BY THE RETURNING OFFICER, EMA ESTEVES, NOT LATER THAN 5.00 PM, WEDNESDAY 29 APRIL 2009. IT MAY BE POSTED TO PO BOX 42 KINGSGROVE NSW 1480 OR FAXED TO (02) 9150 7662.**

I, the undersigned, being entitled to vote in the election and eligible to nominate a candidate, hereby nominate:

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

of \_\_\_\_\_

Residential Address

Postcode

\_\_\_\_\_

Home Phone

Work Phone

Mobile Phone

Date of Birth

as a candidate for the office of \_\_\_\_\_

(See election notice for positions)

Full Name of Nominator(s)	Residential Address	Signature

This nomination must be made by at least two (2) financial members, other than the candidate.

**CANDIDATE'S CONSENT**

I, being a financial member of the Institute of Senior Educational Administrators of New South Wales do hereby consent to the nomination.

My name should appear on the ballot paper as: \_\_\_\_\_

Surname

(One) Given Name

Only one given name and surname will appear on the ballot paper.

\_\_\_\_\_  
(Signature Of Candidate)

\_\_\_\_\_  
(Date)

