

NOMINATION FORM FOR ADVISORY AND COMPLIANCE COMMITTEES



This form needs to be completed for each nomination for a Committee vacancy. It is essential that the reasons for the nomination be clearly set out, using the criteria as a guide, to assist the Member Engagement Committee in its deliberations. All information provided is held in the strictest confidence.

CANDIDATE DETAILS

Family name:		Given name(s):	
Membership status:	<input type="checkbox"/> ASA <input type="checkbox"/> CPA <input type="checkbox"/> FCPA	Membership number:	
Committee nominating for:			
Source of Nomination:	<input type="checkbox"/> Self Nomination <input type="checkbox"/> Division/Branch Council <input type="checkbox"/> Other (please specify)		
Other than Self Nominees – has the candidate been approached/indicated interest?			<input type="checkbox"/> Yes <input type="checkbox"/> No
CPA Australia Committee involvement: (past and present)			
Other involvement in CPA Australia:			
CV Provided:	<input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No		
Professional Qualifications/Education:			

CANDIDATE DETAILS – CONTINUED

Current Employment:
(Position and Company)

Statement addressing suitability
of candidate and reasons for nomination:
(2 to 3 sentences)

WHERE TO SEND YOUR COMPLETED FORM

Please forward completed forms and supporting documents to:

Email: board.secretariat@cpaaustralia.com.au