This form is for nomination for appointment to CPA Australia’s Professional Conduct Oversight Panel. All information provided is held in the strictest confidence in accordance with CPA Australia’s privacy policy. Please attach additional pages if required.

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| **Nominee’s Details** |

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| --- | --- | --- | --- |
| **Family Name:** |  | **Given Name(s):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Post Nominals:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Re-Nomination? |  | **Yes** |  | **No** |

|  |  |  |  |  |
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| Position applying for: |  | **Community Representative** |  | **Member Representative** *(see below)* |

*\*\*To be completed by nomination for Member Representative positions only*

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| --- | --- | --- | --- | --- |
| Membership Status: |  | **CPA** |  | **FCPA** |

|  |  |
| --- | --- |
| **Membership Number:** |  |

|  |  |
| --- | --- |
| **Current Employer:** |  |

|  |  |
| --- | --- |
| **Position held:** |  |

|  |  |
| --- | --- |
| **Date of appointment:** |  |

|  |  |
| --- | --- |
| Reasons for Nomination:*(Please include 2 – 3 sentences on why you are nominating for the position: ie. what makes you a suitable candidate?)* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CV Provided? |  | **Yes** *(please attach)* |  | **No** |

I have read the expression of interest document for the Professional Conduct Oversight Panel and agree to be nominated.

…………………………………………. …………………………..

 Signed date

|  |
| --- |
| **Where to send your completed form** |

Please forward completed forms and supporting documents to:

Mail: Katherine Psomas
General Manager Professional Conduct
CPA Australia
Locked Bag 23
GROSVENOR PLACE NSW 1220

AUSTRALIA

Email: conduct@cpaaustralia.com.au