**Election of the SUPRA International Officer for 2019/2020**

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| **A COMPLETED NOMINATION FORM MUST BE RECEIVED BY THE RETURNING OFFICER**  **IT MUST BE:**  **EMAILED TO: international@supra.usyd.edu.au**  **A COPY should then be printed out, have original signatures attached and**  **DELIVERED TO:** The International Officer, SUPRA Offices, Level 2 Holme Building. A09,  University of Sydney NSW 2006 **(PLEASE TYPE ALL INFORMATION)** |
| I,  Given names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residential Address Postcode  STUDENT NUMBER \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  Study Type (Coursework/Research) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone Mobile Phone Email (Print CLEARLY)  am nominating as a candidate for the office of **General Councillor (27 to be elected).**   |  | | --- | |  | |  |   **Tick (or type yes) all applicable:**  Enrolled at a campus other than the main campus  Identify as a non-cis male  International student  Identify as a woman   |  | | --- | |  | |  | |

This nomination must be made **by two (2)** other **SUPRA MEMBERS** who are entitled to vote.

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| Given Name: | Family Name: | | USYD Student No.:  \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| Degree: | Unikey | | Faculty: |
| Email:  Telephone Number/s: | | Signature:  **By completing this nomination you consent to becoming a SUPRA Member.** | |

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| Given Name: | | Family Name: | | USYD Student No.:  \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| Degree: | Unikey | | | Faculty: |
| Email:  Telephone Number/s: | | | Signature:  **By completing this nomination you consent to becoming a SUPRA Member.** | |

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| CANDIDATE’S CONSENT I, being a **SUPRA MEMBER\*** do hereby consent to the nomination.  I declare that I am eligible to be a candidate for the nominated position.  I declare that I give my consent for SUPRA Council, its Officers, and the authorised Returning Officer(s) to confirm the details of my enrolment at the University of Sydney for the purposes of this election, and at any time while I hold a position on Council.  **My name should appear on the ballot paper as**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **First name Surname**  Only one given name and surname will appear on the ballot paper.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Signature Of Candidate)** **(Date)**  **\* By completing this nomination you declare that you are enrolled as a postgraduate student at the University of Sydney and you consent to becoming a SUPRA Member, if not already.**  **\*\* If you wish to identify yourself as a member of a ticket, you must also complete and submit to the Returning Officer a separate form identifying all of the candidates wishing to be identified under this ticket name.** |

**Candidate’s Written Statement**

In 300 words or less, please outline why uou would like to be a SUPRA Equity Officer, including any relevant skills and experience you have. Please address your statement to the SUPRA Council Nominee Information.

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