**Election of the SUPRA Council for 2020/2021**

 **Nomination Form**

|  |
| --- |
| **A COMPLETED NOMINATION FORM MUST BE RECEIVED BY THE RETURNING OFFICER****NOT LATER THAN *5:00 pm, Monday 6 April 2020.*** **IT MUST BE:** **EMAILED TO: returning.officer@supra.usyd.edu.au**   **PLEASE TYPE ALL INFORMATION** |
| I, Given names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residential Address PostcodeSTUDENT 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:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Identify as a woman** |  | **Identify as a non-cis male** |
|  | **International Student** |  | **Enrolled at a campus other than main** |

 |

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

Nominated by:

|  |  |  |
| --- | --- | --- |
| 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.** |

Nominated by:

|  |  |  |
| --- | --- | --- |
| 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.** |

Nominated by:

|  |  |  |
| --- | --- | --- |
| 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.** |

Nominated by:

|  |  |  |
| --- | --- | --- |
| 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.** |

|  |
| --- |
| CANDIDATE’S CONSENTI, 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.I wish to be identified with the following ticket name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*optional\*\**) **Ticket Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(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**

* A written statement is optional
* If you are not running as part of a ticket group you may submit a two hundred (200) word statement.
* If you are running as part of a ticket you may supply a One hundred (100) word statement
* Please type your statement if possible. You may also add it to the body of an email to the Returning Officer. Indicate clearly below if you do so.

Please include your statement below: