**Election of the SUPRA Disabilities Officer for 2020/2021**

 **Nomination Form**

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| **A COMPLETED NOMINATION FORM MUST BE RECEIVED BY THE PRESIDENT****NOT LATER THAN *11.00 am, Wednesday 8 July 2020.*** **IT MUST BE EMAILED TO: president@supra.usyd.edu.au**  |
| I, Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 **Disabilities Officer (1 to be elected).** |

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

Nominated by:

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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.** |

Nominated by:

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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.** |

Nominated by:

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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.** |

Nominated by:

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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 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 (prefered) 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.** |