



This form is to be filled by applicants who wish to be elected to the Board of Bowls Tasmania.

**Section 1 |** Contact information

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | | Given names: | | |  | | | | | |
|  | |  | |  | | | | | | | |  |
| Surname: | |  | | |  | | | | | | |  |
|  | |  |  | | | | | | | | |  |
| Email address: | | |  | | | | | |  | | |  |
|  | |  | | |  | | | | | | |  |
| Address: | |  | | |  | | | | | | |  |
|  | |  | | |  | | | | | | |  |
| Suburb: | |  | | | | | | Postcode: | | |  | |
|  | |  | | |  | | | | | | |  |
| State/territory: | | |  | | | | | | |  | |  |
|  | |  | | |  | | | | | | |  |
| Home phone: | | |  | | | Work phone: | | | |  | | |
|  | | |  | |  | | | | | | |  |
| Mobile phone: | | |  | |  | | | | | | |  |

**Section 2 |** Nomination information

By filling in this nomination form I (the nominee) verify that I do not hold a disqualifying position as an employee of BT or a member Association or as a director with a member Association. If I do currently hold one of these disqualifying positions, I acknowledge that I will immediately resign from the disqualifying position.

**To be filled in by the nominator:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, member of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bowls Club nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the position of Elected Director of Bowls Tasmania.

**Signed:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nominator Name Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Nominee Name Date

**Section 3 |** Member Association confirmation

This section is a compulsory field to be considered for the position as elected director.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (member Association) confirm that Elected Director nominee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a financial full member of a bowling club and has no disputes or financial payments pending.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Member Association Name Date

**Section 4 |** Application form

Please answer questions 1 to 4 to be considered for the position as elected director.

**Please address the following eligibility criteria.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Ability to demonstrate one of the following (please circle one): 2. Board experience; or 3. Knowledge of the role of a director   Please detail below how you meet this requirements: |  | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| 1. In addition to the above, please demonstrate one of the following experiences (please circle one): | | | | |  |
| 1. Business experience – management level or above; or 2. Bowls administration experience | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| 1. Please outline any previous board history and experience: | |  | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| 1. Please outline any applicable knowledge/networks which may assist you in the position of elected director: | | |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| 1. Please provide any additional information/comments in support of your application: | | | | | |  | |
|  | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

Please submit the form above with your CV to Regional Secretary by **COB May 9th, 2022**.  
Late applications will not be accepted.