

Monash Student Association (Clayton) Incorporated

**2021 ANNUAL ELECTIONS**

Monday 20 September – Thursday 23 September 2021

**NOMINATION FORM**

**2 PAGES - PLEASE ENSURE YOU WRITE NEATLY AND USE BLOCK LETTERS ONLY**

*By signing this form you give consent to the Returning Officer to verify your personal details with the University to ensure you are eligible to stand as a candidate and you agree to adhere to the rules of the election as set down by the Election Regulations, MSA Constitution and the directions of the Election staff.*

***Nominations close 5pm, Friday 27 August. Nominations must be signed by the candidate, and the students nominating and seconding.******Nominations can only be submitted directly by email to the Returning Officer.***

*If you are nominating for more than one position you may lodge a Statement of Preference of Nominated Positions form.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CANDIDATE DETAILS** | | | | | | | |
| **First Name:** |  | | | **Last Name:** |  | | |
| **Student ID:** |  | | | **Email Address:** |  | | |
| **Address:** |  | | | | | | |
|  | | | | | | |
| **If you are standing for Residential Community Officer, are you currently be or have been in this calendar year, a resident of Monash Student Accommodation? Y/N (delete as appropriate)** | | | | | | | |
| **Do you identify as the following? (Y/N)** | | | | | | | |
| **A woman** |  | **A person of colour** |  | **A queer student** |  | **Having a disability or being a carer** |  |
| **Mobile Phone Number:** | |  | | | |
| **Position:**  *(please use separate forms for each position)* | |  | | | |
| **Signature:** | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONSENT OF AUTHORISING OFFICER TO STAND ON A TICKET** *(if applicable)* | | | |
| **Ticket Name:** |  | **Signature of Authorised Officer:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMINATED BY** | | | | | | | |
| **First Name:** |  | | | **Last Name:** |  | | |
| **Student ID:** |  | | | **Signature:** |  | | |
| **Do you identify as the following? (Y/N)** | | | | | | | |
| **A woman** |  | **A person of colour** |  | **A queer student** |  | **Having a disability or being a carer** |  |
| **SECONDED BY** | | | | | | | |
| **First Name:** |  | | | **Last Name:** |  | | |
| **Student ID:** |  | | | **Signature:** |  | | |
| **Do you identify as the following? (Y/N)** | | | | | | | |
| **A woman** |  | **A person of colour** |  | **A queer student** |  | **Having a disability or being a carer** |  |

**Note: Nominators and seconders for autonomous positions must identify as being from that autonomous groups – nominators and seconders for Indigenous Officer candidates must be registered as identifying as an indigenous person with the William Cooper Institute.**

|  |  |  |  |
| --- | --- | --- | --- |
| **I NOMINATE TO SHARE THIS POSITION WITH (If sharing a position):** | | | |
| **First Name:** |  | **Last Name:** |  |
| **Student ID:** |  | **Signature:** |  |

Gavin Ryan

**Returning Officer**

18 August 2021

0403 336 829

[msa.returningofficer@gmail.com](mailto:msa.returningofficer@gmail.com)

**Office Use Only**

Date Received: ................................... Time Received: ................................... Received By: ...................................