**NOMINATION FORM**

**PLEASE ENSURE YOU WRITE NEATLY AND USE BLOCK LETTERS ONLY**

*By completing this form to stand as, move or second a candidate, you consent to the Returning Officer verifying certain attributes of your enrolment details (enrolment status, course location and course title) with the University to determine your eligibility to participate in the election.*

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| --- |
| **CANDIDATE DETAILS** |
| **First Name:** |  | **Last Name:** |  |
| **Student ID:** |  | **Email Address:** |  |
| **Address:** |  |
|  |
| **Mobile Phone Number:** |  |
| **Position:***(please use separate forms for each position)* |  |
| **Signature:** |  |
|  |  |  |  |
| **NOMINATED BY** |
| **First Name:** |  |
| **Last Name:** |  |
| **Student ID:** |  |
| **Signature:** |  |