



Board of Directors Nomination Form

I,
(Your full name)

am a current member of Parents of Children with Special Needs Inc. and wish to stand for election to the Board of Directors.

Position nominated:

- Lived experience
- Independent disability sector representative
- Key influencer
- Professional service provider

Please provide declaration of any potential conflict of interest that may impact on this role:

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Signature of nominee: Date:

Address:

Suburb: Postcode:

Email: Phone:

Seconded by:

Signature of seconder:



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