

# NOMINATION FORM FOR THE ASPERLUTELY AUTSOME BOARD



Full name \_\_\_\_\_

Address \_\_\_\_\_

D.O.B \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Male          Female          Other

Do you identify as being on the Autism Spectrum \_\_\_\_\_

Are you a carer/family member/mentor/volunteer? \_\_\_\_\_

Are you a financial member of Asperlutely Autsome? \_\_\_\_\_

Have you participated in Asperlutely Autsome volunteer training \_\_\_\_\_

Have you volunteered at an Asperlutely Autsome event \_\_\_\_\_

If yes. Which one/s \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ wish to be nominated for the Asperlutely Autsome Board.

I wish to nominate for a 1 year / 3 year term. (strike out the non applicable term)

I \_\_\_\_\_ Nominate \_\_\_\_\_ as a  
nominee for the Asperlutely Autsome Board. *(Must be filled by a financial member)*

Do you have any board experience?

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Skills you can bring to the organisation?

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Why do you want to be a part of the Asperlutely Autsome Board?

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Are you prepared to sign a board confidentiality agreement?

**Please supply a copy of your current DCSI clearances for Working with vulnerable persons and working with children.**

A copy of these documents must be sighted before the start of the AGM by the secretary or chairperson.

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**Board use only:**

Date Received by Board Secretary: \_\_\_\_\_

DCSI clearances received or sighted: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Member: \_\_\_\_\_

All required information Supplied: \_\_\_\_\_

Nomination: Accepted

Nomination: Rejected

Reason: \_\_\_\_\_

Signed

Board Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_