# Register of Harm Prevention Charities

# Public Fund Management Committee Member Nomination Form

**Name of Public Fund:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Nominated Member:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Person without responsible person qualifications

A majority of committee members are required to be responsible persons. To qualify as a ‘responsible person’ the nominated member must satisfy one or more of the following categories.

Place an **X** in the categories as appropriate and provide detail where asked.

[ ]  Person with honours (OBE, KCMG, AO only listed on [its an honour website](http://www.itsanhonour.gov.au/))

[ ]  Clergy or church authority

[ ]  Trustee or board member of a not-for-profit school or college

[ ]  Justice of the Peace

[ ]  Judge/ magistrate/ barrister/ solicitor – please specify

[ ]  Public servant with more than five years’ service

[ ]  Doctor

[ ]  Accountant (CPA, ASA, ICA, NIA) – please specify

[ ]  Person holding public or elected office

Name of office:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Mayor

[ ]  Town clerk

[ ]  Councillor

[ ]  Member of Parliament

[ ]  Director of public companies with responsibilities under the companies code

Title:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Academic or teacher with more than five years’ experience

[ ]  Person who holds (or has held) a public position which have a degree of responsibility to the community – please specify

[ ]  Past or present office holder of a community organisation/ institution **other than** the applicant institution.
eg. president of Parents and Friends Association, Secretary of Lions, Treasurer of Rotary

Title:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organisation/ Institution:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration by Nominated Member**

I      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominated member)

declare this form to be true and correct as at       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)