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| **FORM SEVEN** | *Victorian Treaty Advancement Commission* |  *First Peoples’ Assembly of Victoria 2019 Election Rules, Section 7***NOMINATION FORM TO STAND AS A CANDIDATE FOR ELECTION AS A MEMBER** |

### NOTE TO NOMINATING CANDIDATES

The inaugural election in 2019 for the First Peoples’ Assembly of Victoria (Assembly) will elect up to 21 persons to serve as members of the Assembly, which will be established as a company limited by guarantee to best ensure independence from government. The number of vacant member positions in each region for the 2019 elections are: Metropolitan Region, nine members; South West Region, three members; North West Region, three members; North East Region, three members; and South East Region, three members.

This form may be used to nominate as a candidate in the election of members of the Assembly. You, the nominee, must ensure that you have referred to and comply with the Election Rules before nominating, and have verified your eligibility for election as a member of the Assembly under section 7 of the Election Rules. The Election Rules are available to download at www.firstpeoplesvic.org or may be sent to you by contacting us. If you are successful in being elected as a member, this form also allows you to be considered for election as a director at the first meeting of the Assembly.

**You must ensure your completed and signed nomination is received by us by 4:00pm AEST on 16 August 2019.**

**To stand as a candidate you must:**

1. be enrolled as a voter for the First Peoples’ Assembly of Victoria elections
2. be aged 18 at the time you nominate
3. be a Victorian Traditional Owner
4. not be disqualified from acting as a director of a company under the *Corporations Act 2001* (Cth).
5. not be in prison, the subject of an order under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* (Vic)or restricted by bail, remand, parole or other legal mechanisms from travelling within Victoria.
6. be able to participate fully in the activities of the First Peoples' Assembly of Victoria, including its Board (if you wish to, or become a director of the First Peoples' Assembly of Victoria).
7. provide us with any further information necessary to confirm your eligibility to stand as a candidate.

**To submit your completed nomination and attachments you must:**

1. **scan and** **email** your completed nomination form with attachments to VTAC@austelect.com **before** **4:00 pm AEST on 16 August 2019
OR**
2. **post** the completed nomination form and attachments to the address below (no postage necessary) to be received by **us before 4:00pm AEST on 16 August 2019**:

REPLY PAID 91908
PO Box 4218
FITZROY VIC 3065

**OR**

1. **hand** **deliver** the completed nomination form and attachments during business hours to the address below **before 4:00pm AEST on 16 August 2019**:

3/19-35 Gertrude Street, FITZROY, Victoria

**Once you have submitted your nomination application we will:**

1. **Notify** you in writing that we have received your nomination application (we aim to do this within two days where possible).
2. **Provisionally publish** on our website within three days (provided your application is substantially complete) that you have nominated as a candidate. Note this may be before we have determined if the application complies with the requirements to stand as a candidate
3. Ask you to complete an application for a **National Police Record Check** using the form we will provide to you.
4. **Notify** you in writing if we accept or reject (based on the Election Rules) your nomination application once known. If your application is missing required information, or we believe you may not be eligible under the Election Rules, we will contact you. If we are required to reject your application, we will advise you of your option to seek a review of the decision under the Election Rules.
5. **Publish** all accepted nominations prior to the voting period. We will distribute information about all candidates, including candidate statements, on our website, at polling places and to anyone who has requested to receive a postal vote or on-line vote.

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| **NOTICE TO ALL POTENTIAL CANDIDATES:*** As a candidate you will be bound by the Election Rules, including a Code of Conduct that governs your conduct during the election period. We strongly urge all potential candidates to review this information. You can access the rules at www.firstpeoplesvic.org or by contacting us.
* You may also contact us for information about the nomination process. While we will provide support where we can, please note we cannot provide legal advice or binding interpretations of the rules, and are not obligated to provide assistance in completing the nomination forms.
 |

**PART A ⎯ PERSONAL DETAILS**

I, the person whose name appears on this form, am nominating as a Candidate for the 2019 election of the First Peoples’ Assembly of Victoria, and I am enrolled as an eligible voter for the 2019 election of the First Peoples’ Assembly of Victoria.

FULL NAME

|  |
| --- |
| Click or tap here to enter text. |

CURRENT RESIDENTIAL ADDRESS *(if you do not currently have an address, please contact us)*

UNIT / HOUSE NUMBER AND STREET NAME

|  |
| --- |
| Click or tap here to enter text. |

SUBURB / TOWN POSTCODE

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GENDER | [ ]  | Male  | [ ]  | Female | [ ]  | Other, please specify: | Click or tap here to enter text. |
|  |  |  |  |  | *If selecting this option please include whether you identify as male.* |

**EVIDENCE TO VERIFY NAME, DATE OF BIRTH AND ADDRESS**

|  |  |  |
| --- | --- | --- |
| [ ]  | I HAVE ALREADY PROVIDED THIS EVIDENCE WITH MY ENROLMENT APPLICATION. | **OR** |
| [ ]  | I HAVE ATTACHED COPIES OF THE FOLLOWING(**mark all applicable boxes)** |
| **Any one document from this list**  | **OR** | **Any two or more documents from this list that together show your name, date of birth and address** |
| [ ]  | Driver Licence or Learner Permit | [ ]  | Bank Card | [ ]  | Medicare Card |
| [ ]  | Firearm Licence | [ ]  | Bank statement\* | [ ]  | Student or Tertiary Institution Identification Card |
| [ ]  | Keypass | [ ]  | Birth Certificate | [ ]  | Superannuation statement\* |
| [ ]  | Marine Licence | [ ]  | Commonwealth Government Concession Card (including Health Care Card) | [ ]  | Utilities statement\* (gas, water, electricity, mobile or home phone) |
| [ ]  | Proof of Age Card | [ ]  | Department of Veteran’s AffairsHealth Card | [ ]  | Valid Passport |
|  |  | [ ]  | Lease Agreement | [ ]  | Working with Children Check Card |
|  |  | [ ]  | Marriage Certificate |  |  |
| \* If you submit a bank, utility or superannuation statement, it must contain an official company letterhead or stamp.**Please contact us if you do not have access to the documents listed above**. |

**PART B ⎯ ELIGIBILITY**

|  |  |  |
| --- | --- | --- |
| [ ]  | I am an eligible (enrolled) voter in the First Peoples’ Assembly of Victoria Election, 2019 | **AND** |
| [ ]  | I am aged 18 or older | **AND** |

DATE OF BIRTH (DD / MM / YYYY)

**You must be aged 18 or older at the time you nominate.**If you do not know your date of birth, please contact us.

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|  |  |  |
| [ ]  | I am a Victorian Traditional Owner |  |

**PART C ⎯ EVIDENCE REQUIRED AS A VICTORIAN TRADITIONAL OWNER**

 **DETAILS**

**THE FOLLOWING ORGANISATION MAY VERIFY THAT I AM A VICTORIAN TRADITIONAL OWNER:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Barengi Gadjin Land Council  | [ ]  | Gunditj Mirring Traditional Owners Aboriginal Corporation |
| [ ]  | Bunurong Land Council Aboriginal Corporation  | [ ]  | Martang Pty Ltd  |
| [ ]  | Dja Dja Wurrung Clans Aboriginal Corporation  | [ ]  | Taungurung Land and Waters Council Aboriginal Corporation |
| [ ]  | Eastern Maar Aboriginal Corporation | [ ]  | Wathaurung Aboriginal Corporation  |
| [ ]  | First People of the Millewa-Mallee Aboriginal Corporation  | [ ]  | Wurundjeri Woi Wurrung Cultural Heritage Aboriginal Corporation  |
| [ ]  | Gunaikurnai Land and Waters Aboriginal Corporation  | [ ]  | Yorta Yorta Nation Aboriginal Corporation |

 **OR**

|  |  |
| --- | --- |
| [ ]  | Verification may be made by the genealogical data held by the First Nations Legal and Research Services |
| [ ]  | **IF NONE OF THE ABOVE APPLY**:I cannot provide a verification from any of the above organisations |
|  | *If you have marked this box you will need to complete a statutory declaration and seek the signatures of 10 eligible voters.* *Please contact us for this form.* |

**IF YOU HAVE NOMINATED AN ORGANISATION ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION TO ASSIST THEIR VERIFICATION:**

If known and applicable: any unmarried or previous names, names of your parent(s) and grandparent(s) on the relevant side(s), and any other additional relevant information such as locations of ancestors, association with particular locations or missions, or other similar information.

|  |
| --- |
| Click or tap here to enter text. |

**PART D ⎯ REGION**

I AM NOMINATING FOR THE REGION OF: *(Name the Region in which you are nominating)*

*You can view a map of the voting regions at www.firstpeoplesvic.org or by contacting us.*

|  |
| --- |
| Click or tap here to enter text. |

THE REGION I AM NOMINATING AS A CANDIDATE FOR: *(Tick whichever is applicable)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | Contains my current Victorian residential address. | **OR**  | [ ]  | Is the Region I identify as including my traditional country as a Victorian Traditional Owner. |

**PART E ⎯ CONTACT DETAILS**

 **DETAILS**

EMAIL ADDRESS *(leave blank if you do not have an email address)*

|  |
| --- |
| Click or tap here to enter text. |

DAYTIME CONTACT NUMBER AND / OR MOBILE NUMBER

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| YOU MAY PUBLISH MY: *(tick all that apply)* | [ ]  | Email address | [ ]  | Daytime contact number | [ ]  | Mobile Number |

POSTAL ADDRESS *(if different to your current residential address)*

UNIT / HOUSE NUMBER AND STREET NAME

|  |
| --- |
| Click or tap here to enter text. |

SUBURB / TOWN POSTCODE

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| --- |
| Click or tap here to enter text. |

**CANDIDATE STATEMENT**

*First Peoples’ Assembly of Victoria 2019 Election Rules*

You must provide a Candidate statement and you may provide a photo. This information, along with your name, where you are standing, and (if you agree) your contact details, will be published on our website, available at polling places and distributed to postal voters.

**PART F – CANDIDATE PHOTO (OPTIONAL)**

|  |  |
| --- | --- |
| INSERT A PASSPORT STYLE PHOTO OF YOURSELF HERE OR ATTACH AS A DIGITAL FILE | You may provide a photo by either inserting the photo into the box on the left or separately attaching it to this application. If you are attaching a digital file, please ensure the file is named with your complete name, is in .jpg, .jpeg, .png or .bmp format, and is of suitable resolution.Photos are to assist voters in identifying candidates. They must be a passport style photo which includes: * Photo features your face and is cropped at your shoulders
* Fits in the dimensions of 4 cm wide and 5 cm high
* You are facing the camera and your face is unobstructed (unless you usually wear glasses, facial jewellery, a head covering etc.)
* You are against a neutral or plain background
* Photos do not have to be professionally taken and you are allowed to smile.

We may crop or scale your photo to fit it within these guidelines. |
| 5 cm high |  |  |
|  | 4 cm wide |

**Th**

**In this statement you may wish to include (1) your nation/clan/mob/family connection(s), (2) why you wish to be a member of the First Peoples' Assembly of Victoria, (3) your views on treaties and (4) your aspirations for treaty.**

**PART G – CANDIDATE STATEMENT**

 **(Max 200 words)**

Your Candidate Statement may be written or typed on this form or provided as an attachment. Statements must be no longer than 200 words. If you are providing a digital attachment, please ensure the file is named with your complete name and is in a Microsoft Word readable format (.doc, .docx, .txt).

Please type or print clearly as the statement will be published as received, unless we believe that it may include misleading, deceptive or defamatory content, in which case we may not publish this information and may contact you. We strongly recommend checking your statement for spelling and grammatical errors prior to submitting.

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| Click or tap here to enter text. |
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**PART H ⎯ DECLARATION AND CONSENT**

TO BE ELIGIBLE YOU MUST SATISFY ALL OF THE CRITERIA, MARK ALL OF THE BOXES, AND SIGN BELOW

I, Click or tap here to enter text.

[FULL NAME]

|  |  |  |
| --- | --- | --- |
|  | **declare that,** |  |
| [ ]  | I am not disqualified from acting as a director of a company under the *Corporations Act 2001* (Cth), | **AND** |
| [ ]   | I am not in prison, nor am I the subject of an order under the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* (Vic), nor am I restricted by bail, remand, parole or other legal mechanisms from travelling within Victoria, | **AND** |
| [ ]  | I am able to participate fully in the activities of the First Peoples’ Assembly of Victoria, | **AND** |
|  | **consent to**,  |  |
| [ ]  | the election process for the First Peoples’ Assembly of Victoria, | **AND** |
| [ ]  | my name, personal details (unless otherwise indicated) including my gender (as completed in Part A of this form) and my Candidate Statement being published, | **AND** |
| [ ]  | completing an application to undertake a National Police Record Check using the form that will be provided to me, | **AND** |
|  | **have attached**, |  |
| [ ]  | a consent form to be appointed as a member of the company limited by guarantee that will be the First Peoples’ Assembly of Victoria, | **AND** |
|  | **request** that my name be printed on the ballot paper/ballot screen for the election in the following form: |  |

SURNAME IN BLOCK LETTERS GIVEN NAME IN BLOCK LETTERS

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

**PRIVACY CONSENT STATEMENT**

Your personal information provided on this form will be used by the Victorian Treaty Advancement Commission (Commission) and their agents for the purpose of processing your nomination as a candidate and administering the election of the First Peoples’ Assembly of Victoria (Assembly). If you do not provide this information, you may not be permitted to stand as a candidate.  Your information will be transferred to the Assembly once established, and used for future elections, contacting you about the activities of the Assembly, and otherwise in accordance with our Privacy Statement. You may request access to any personal information that the Commission or Assembly may have collected about you, including correction of your personal information, if you can establish that it is not accurate, complete or up to date using the contact details in our Privacy Statement found at http://victreatyadvancement.org.au/privacy-statement.

If you have nominated an organisation in Part C that may be able to provide evidence to support that you are a Victorian Traditional Owner, you consent to them seeking to undertake this process and to sharing information on this nomination application with the relevant organisation and that they may access genealogical data they hold about you and your family. You may be contacted by the organisation you have nominated in order to assist with this process.

1. I am nominating myself as a candidate and have signed as my consent for my nomination to occur in accordance with the Election Rules. I consent to the collection of my personal information as specified. I declare that the information provided in this form is true and correct.

|  |  |  |
| --- | --- | --- |
| YOU MUST SIGN HERE  |  | DATE (DD / MM / YYYY) |
|  |  |  |  |  |  |  |  |  |  |  |  |

**CONSENT TO ACT AS MEMBER/DIRECTOR OF A COMPANY**

*First Peoples’ Assembly of Victoria 2019 Election Rules*

**First Peoples' Assembly of Victoria Limited**

**("Company")**

**Consent to act as member and statutory information**

To: The Company

If I am elected as a member, I consent to be a member of the Company and to be bound by terms of the constitution of the Company at the time I am elected.

|  |  |
| --- | --- |
|  | ***If you also wish to be considered for election as director, following your election as member, please tick this box:***  |
| [ ]  | If I am elected a member, and I am elected as a director of the Company, I consent to be a director of the Company. |

I am not disqualified by the constitution of the Company (if any) or the *Corporations Act 2001* (Cth) from acting as a director of the Company.

The following particulars are supplied as required by the *Corporations Act 2001* (Cth):

FULL NAME

|  |
| --- |
| Click or tap here to enter text. |

FORMER NAMES (if any)

|  |
| --- |
| Click or tap here to enter text. |

DATE OF BIRTH (DD / MM / YYYY)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |  |   |   |  |   |   |   |   |

PLACE OF BIRTH

|  |
| --- |
| Click or tap here to enter text. |

USUAL RESIDENTIAL ADDRESS *(if you do not currently have an address, please contact us)*

UNIT / HOUSE NUMBER AND STREET NAME

|  |
| --- |
| Click or tap here to enter text. |

SUBURB / TOWN POSTCODE

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| --- |
| Click or tap here to enter text. |

**NOMINEE (CANDIDATE) SIGNATURE:**

**DATE (DD / MM / YYYY)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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