Saturday 26 February – Sunday 27 March 2022

**NOMINATION FORM TO STAND AS A CANDIDATE FOR ELECTION**

*Your completed and signed nomination form must be received by the Returning Officer* ***by 4:00pm AEDT on 7 February 2022****. If you are sending this in by email or mail, please send with enough time to avoid any potential delays. To assist with the nomination process, there is a Candidate Checklist available on the election webpage. Election staff are happy to assist with any part of the nomination process.*

**INFORMATION**

Please read the following information before filling out this form.

**Key Terms**

**Returning Officer** – The co-ordinator of the election, independent of the Assembly. The Returning Officer for this election is Gavin Ryan, from the election company OGL Group.

**Nominee** – The person completing this form, known as the Candidate after the nominations close.

**Assembly** – The First Peoples’ Assembly of Victoria, for whom this by-election is being run.

**OGL Group** – The independent Victorian election company appointed to run this election.

**We/us/our** – In this form, the expressions we, us and our are references to the OGL Group.

**Election Rules**

The Election Rules is the key document that governs this By-election. Included in the Election Rules is a Code of Conduct (schedule 4), which outlines expected behaviour. You, as a nominee, must ensure you have read, understood, and will follow the Election Rules and Code of Conduct.

The Election Rules are available on the election webpage ([www.firstpeoplesvic.org/ne-byelection](http://www.firstpeoplesvic.org/ne-byelection)) or by contacting fpav.returningofficer@gmail.com to request a copy.

**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 or older 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
7. Provide us with any further information necessary to confirm your eligibility to stand as a candidate.

*See Rule 7 of the Election Rules for further information.*

**To nominate you need to return your completed nomination form and attachments by 4.00pm AEDT on 7 February 2022. This can be done through one of the following options:**

|  |  |
| --- | --- |
| **Email** | Scan and email your completed nomination form with attachments to fpav.returningofficer@gmail.com before 4:00pm AEDT on 7 February 2022 |
| **Online** | Complete the Google Form via the link on the election webpage with attachments and submit before 4:00pm AEDT on 7 February 2022 |
| **Post** | Post the completed nomination form and attachments to the address below to be received by us before 4:00pm AEDT on 7 February 2022OGL Group10-20 Gwynne StreetCremorne Vic 3121 |
| **Hand deliver** | Hand deliver the completed nomination form and attachments during business hours to the address below before 4:00pm AEDT on 7 February 2022 First Peoples’ Assembly of Victoria33-35 Nixon StreetShepparton Vic 3630 |

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

1. **Notify** **you** in writing that we have received your nomination application (this will be done within two days where appropriate contact details have been provided)
2. **Publish** on the election webpage within three days (provided your application is substantially complete) that you have nominated as a candidate. This may be before we have confirmed that your application meets the requirements to stand as a candidate
3. **Send** **you** an application for a **National Police Check** to complete
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 important information, or we believe you may not be eligible under the Election Rules, we will contact you. If your application is rejected, we will let you know how to seek a review of the decision under the Election Rules
5. **Publish** all accepted nominations before the voting period begins. We will distribute information about all candidates, including candidate statements, on the Assembly election webpage, at polling places and to anyone who has requested to receive a postal vote or online vote.

**PERSONAL AND CONTACT DETAILS**

|  |
| --- |
| 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 AND POSTCODE |
| Click or tap here to enter text. |
| POSTAL ADDRESS (*if different to your current residential address, otherwise write ‘as above’*)UNIT/HOUSE NUMBER AND STREET NAME |
| Click or tap here to enter text. |
| SUBURB/TOWN AND POSTCODE |
| Click or tap here to enter text. |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GENDER |[ ]  Male |[ ]  Female |[ ]  Other, please specify: | Click or tap here to enter text. |

EVIDENCE TO VERIFY NAME, DATE OF BIRTH AND ADDRESS

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 |
|[ ]  Proof of Age Card |  |[ ]  Bank statement\* |[ ]  Student or Tertiary Institution Identification Card |
|[ ]  Keypass |  |[ ]  Birth Certificate |  |  |
|[ ]  Marine Licence |  |[ ]  Commonwealth Government Concession Card (including Health Care Card) |[ ]  Superannuation statement\* |
|[ ]  Firearm Licence |  |  |  |[ ]  Utilities statements\* (gas, water, electricity, phone) |
|  |  |  |[ ]  Department of Veteran’s Affairs Health 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 at** **fpav.returningofficer@gmail.com** **or 0403 336 829 if you do not have access to the documents listed on the previous page.**

**ELIGIBILITY**

1. **I am an eligible (enrolled) voter with the First Peoples’ Assembly of Victoria**

[ ]  Please tick this box to confirm you are an eligible (enrolled) voter.

*By ticking this box you consent to the Returning Officer verifying your enrolment with the Assembly.*

1. **I am 18 or older**

[ ]  Please tick this box to confirm you are 18 or older.

Click or tap to enter a date. Please insert your date of birth. If you do not know your date of birth, please contact us.

1. **I am a Victorian Traditional Owner**

[ ]  Please tick this box to confirm you a Victorian Traditional Owner.

EVIDENCE REQUIRED AS A VICTORIAN TRADITIONAL OWNER

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 |[ ]  First People of the Millewa-Mallee Aboriginal Corporation |
|[ ]  Dja Dja Wurrung Clans Aboriginal Corporation |[ ]  Taungurung Land and Waters Council Aboriginal Corporation |
|[ ]  Eastern Maar Aboriginal Corporation |[ ]  Wadawurrung Traditional Owners Aboriginal Corporation |
|[ ]  Gunaikurnai Land and Waters Aboriginal Corporation |[ ]  Yorta Yorta National Aboriginal Corporation |
|[ ]  Wurundjeri Woi Wurrung Cultural Heritage Aboriginal Corporation |  |  |
| *By ticking one of the boxes above, you consent to the Returning Officer contacting the relevant organisation to verify that you are a Victorian Traditional Owner. This may require sharing the information supplied on this form.*  |

**OR**

|  |
| --- |
|[ ]  Verification may be made by the genealogical data held by the First Nations Legal and Research Services*By ticking this box, you consent to the Returning Officer contacting FNLRS to verify that you are a Victorian Traditional Owner. This may require sharing the information supplied on this form.*  |
|[ ]  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 at* *fpav.returningofficer@gmail.com* *or 0403 336 829 for this form.* |

IF YOU HAVE NOMINATED AN ORGANISATION ON THE PREVIOUS PAGE, 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. |

**REGION**

I am nominating for the North East Region as it: (*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 |

**CANDIDATE STATEMENT**

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

Your Candidate statement may be written or typed on this form or provided as an attachment. Statements are to be a maximum of 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, .docs, .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.

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.

Complete your statement here or provide as an attachment to this nomination form.

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

You can provide a passport style photo by inserting it below or separately attaching it to this application. If you are attaching a digital file, please make sure 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. The photo must:

* Feature your face and be cropped at your shoulders
* Fit in the dimensions of 4cm wide and 5cm high
* Be from the front and your face must be unobstructed (unless you usually wear glasses, facial jewellery, a head covering etc.)
* Be set 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.

Insert your photo here or provide as an attachment to this nomination form.



**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] |

|  |  |  |
| --- | --- | --- |
| **A.**  | **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** |
| **B.** | **Consent to** |  |
|[ ]  Following the Election Rules and directions of the election officials for the By-election process for the First Peoples’ Assembly of Victoria | **AND** |
|[ ]  My name, personal details (unless otherwise indicated) including my gender (as completed on 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** |
| **C.** | **Have attached** |  |
|[ ]  A consent form to be appointed as a member of the company limited by guarantee that is the First Peoples’ Assembly of Victoria | **AND** |
| **D.** | **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**

**How the Assembly handles your information:** Your personal and sensitive information provided on this form will be used by the Returning Officer and their agents for the purpose of processing your nomination as a candidate and administering the North East Region By-election of the Assembly. If you do not provide this information you may not be permitted to stand as a candidate. If you are successfully elected, your information will be transferred to the Assembly and used and held in accordance with Assembly’s Privacy Policy. If you are not elected, your information will be held by the Returning Officer until the end of the election period and destroyed in accordance with the OGL Group’s Privacy and data retention and disposal policies.

**Your ongoing access to your information:** You may request access to any personal information that the Returning Officer 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 the Assembly’s Privacy Policy found [here](https://www.firstpeoplesvic.org/privacy-statement/).

If you have nominated an organisation above 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 to assist with this process.

[ ]  I agree that my personal and sensitive information can be collected, used, stored and disclosed as set out in this document and in the Assembly’s Privacy Policy, both of which I have read and understood.

**E. 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 and sensitive information as specified. I declare that the information provided in this form is true and correct.**

|  |  |  |
| --- | --- | --- |
| YOU MUST SIGN HERE: |  | DATE |
| Click or tap here to enter text. |  | Click or tap to enter a date. |

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

First Peoples’ Assembly of Victoria Limited (“**Company**”)

Consent to act as member and statutory information

To: The Company

**Member**

[ ]  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.

**Director**

This is **only** applicable if a director vacancy arises.

[ ]  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

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

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. |

SUBRUB/TOWN AND POSTCODE

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

NOMINEE (CANDIDATE) SIGNATURE

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

DATE

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