



## ELECTION NOMINATION FORM

### 1. PERSONAL DETAILS

Given Name:	Family Name:	S Number:
Email Address:	Mobile Number:	

(Optional) Do you identify as Indigenous/Torres Strait Islander (circle)      Yes      No

### 2. STUDY DETAILS

Name of Course:	Please Circle: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Full time</span> <span>Part time</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>International</span> <span>Domestic</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Coursework</span> <span>HDR</span> </div>
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### 3. NOMINATORS

Nominator One:

Given Name:	Family Name:	S Number:
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Nominator Two:

Given Name:	Family Name:	S Number:
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I hereby nominate the person listed in section one for election to the GCAP Committee and I confirm I am a Postgraduate Student enrolled on the Gold Coast.

\_\_\_\_\_  
Nominator One (Signature)

\_\_\_\_\_  
Nominator Two (Signature)

### 4. AGREEMENT OF CANDIDATE

In signing below and nominating for election to the GCAP Committee I hereby agree to follow the policies outlined in the GCAP Constitution and Regulations regarding membership, elections, committee membership.

\_\_\_\_\_  
Nominee (Signature)

Return completed form via email ([s.harris@griffith.edu.au](mailto:s.harris@griffith.edu.au)) or in-person to the Guild office prior to 4pm Thursday 29 May 2014