

SIDE SCHOOL COUNCIL NOMINATION FORM



Thank you for considering and nominating to be a member of the School Council. The School Council is a school's most important and influential parent decision making group and your willingness to be involved is greatly appreciated.

All nominees wishing to become a member of a public-school council complete this form.

Nomination for Membership on the School Council

I wish to nominate myself as a candidate to the school council/board in the following category:

- Students 15 years and over or who will reach 15 years during the calendar year *^
- Parents/adult students*
- Staff of the school*+
- General community#

* Membership category requiring an election if the number of nominations exceeds the number of vacant positions.

^ No student under 18 years of age can be a member of an incorporated council/board.

+ Staff who are also parents will only serve on their child's school council/board in their capacity as a Department of Education employee. Such a person will only be on the council/board in the category of staff membership.

There will not be an election to appoint community members. The council/board may appoint suitably qualified persons from the list of nominees by vote in a meeting.

Print Full Name: _____

Student Ages at SIDE _____

Address _____

Candidate Profile

– brief description of who you are and why you are wanting to join the Council

OFFICE:

164 -194 Oxford Street Leederville WA 6007

POSTAL ADDRESS:

PO Box 455 Leederville WA 6903

TELEPHONE: 08 9311 1400

EMAIL: info@side.wa.edu.au

WEBSITE: www.side.wa.edu.au

DECLARATION OF CANDIDATE

I nominate myself for membership of the council/board and if appointed will accept the responsibility of being a council/board representative.

- I confirm I have been provided with information on, and understand, the responsibilities of school council/board membership (see Attachment to Nomination Form);
- I understand appointment to a council or board is conditional on having a National Police History Check processed through the Department of Education's Screening Unit (as is applicable to my membership category) and that this is to be submitted within 10 working days following a request to do so by the Principal: and
- I understand I will not be appointed to a council/board if either I do not consent to a National Police History Check, or the Screening Unit advises I have been refused clearance; and
- I understand I will need to resign my position on the council/board where I, or the council/board, identifies that I have become ineligible to hold office.

Signature of Candidate: _____ Date: _____

Information regarding the requirement for a **National Police History Check** is available at [Screening](#).

Please email the completed form (X2 pages) to: info@side.wa.edu.au

Page 2 (of 2)

OFFICE:

164 -194 Oxford Street Leederville WA 6007

POSTAL ADDRESS:

PO Box 455 Leederville WA 6903

TELEPHONE: 08 9311 1400

EMAIL: info@side.wa.edu.au

WEBSITE: www.side.wa.edu.au