**IABC NSW Board Nomination Form 2024**

***By nominating and signing this form you are agreeing to the nomination rules***

**Details of person nominated**

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| Nominee Name:  Email: | IABC Membership Number:  Phone: |

1. **Tell us about your professional situation. (e.g. Where are you working or studying? Are you in transition?)**
2. **Which board role/s do you have a preference for? Mark all that apply.** *Please note: the Nominations Committee will allocate the roles based on suitability and best fit for the Board composition and diversity.*

* *I'm open and want to learn more before I decide*
* *President*
* *Vice President*
* *Treasurer*
* *Secretary*
* *Director, Communications and Marketing*
* *Director, Memberships*
* *Director, Member Experience*
* *Director, Events*
* *Director, Digital Experience & Innovation*
* *Director, Professional Development*
* *Director, Recognition and Awards*
* *Director, Sponsorships and Partnerships*
* *Director, Universities, Students and Early Career Members*
* *Other (please specify)* 

1. **Why do you think you are best suited to that role/s?**
2. **Briefly, tell us why you want to volunteer and what you hope to gain out of the experience?**
3. **Describe any previous experience as an IABC volunteer. Include chapter, regional, and global roles held, and please include approximate dates. How will this experience help contribute to the success of the NSW chapter?**
4. **Please indicate where you think the opportunities for IABC NSW lie and how you can contribute to delivering this as a NSW Board member?**
5. **Please provide details on any IABC or other professional awards and certifications you have received.**
6. **Appointing a Board is, in part, about assembling a high-performing team. Please identify three of your personal/professional qualities/attributes that you believe will serve you well as a Board director.**
7. **Serving on the IABC NSW Board represents a moderate time commitment. Please indicate that both you and your employer understand the requirements.**

**Declaration**

I confirm that to the best of my knowledge that all information provided in this application is true and correct.

I confirm that I have no actual or perceived conflict of interest to serve as a director on the IABC NSW board.

I also confirm that I have read the [IABC Code of Ethics](https://www.iabc.com/About/Purpose/Code-of-Ethics) and will do my best to uphold it, if I am appointed to a Board role.

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| Nominee Signature: | Date: |
| Nominated by: | Membership Number: |
| Signature | Date: |
|  |  |
| Seconded by: | Membership Number: |
| Signature | Date: |

Please return this completed nomination form by email to Chris Saxby at [crsy@ramboll.com](mailto:crsy@ramboll.com).

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