|  |  |  |
| --- | --- | --- |
| SI logo |  | N.S.W. Workers’ CompensationSelf Insurers Association Inc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employers Managing Their Own Risk **ABN 69 780 464 009** |

NOMINATION FORM

**A nomination must be proposed and seconded by representatives of two full or associate member companies.**

**A nomination may be proposed or seconded by the nominee.**

I wish to nominate

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** of

***(name)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(member organisation)***

for the position of

* Chairman (Full Members only)
* Vice-Chairman (Full Members only)
* Secretary (Full Members only)
* Treasurer (Full Members only)
* Committee Member (Full or Associate Members)

on the NSW Workers’ Compensation Self-Insurers Association Inc. Executive Committee for the year commencing 1st November, 2020

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Person Nominating** |  | **Name of Person Seconding** |  |
| **Member Company** |  | **Member Company** |  |
| **Signature** |  | **Signature** |  |

# I confirm that I accept the above nomination

**……………………………………………..**

**(signature of nominee)**

**Return to: Rebecca at** **rsekulovsk@inghams.com.au**