



## Nomination for PSA Departmental Committee

Please indicate clearly the Electorate being nominated for

Departmental Committee: .....

Electorate within Departmental Committee: .....

We, the undersigned financial members of the above Electorate of the PSA, nominate:

Name (in full): ..... Membership No. ....

Dept/Authority ..... Location.....

Candidate's residential postal address:.....

..... Postcode.....

Phone (9-5) ..... Date:.....

**1. NOMINATOR**

**2. SECONDER**

Name: ..... Name:.....

Signature: ..... Signature .....

Membership No: ..... Membership No: .....

**I consent to my nomination:**

Signature of candidate .....

**ELIGIBILITY:** Members eligible for election to a Departmental Committee must be employed by the Department and be financial members of the PSA. The Nominator and Seconder of the Nomination must also be financial members from the same electorate as the candidate.

**CANDIDATE INFORMATION:**

If there is a ballot and you wish to have candidate information sent with the ballot material complete the section below. Only information provided here will be included. Candidate information is to be as per PSA Rule 93(d) -- a brief statement setting out your personal history in relation to jobs held and past PSA activities.

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**Receipt returned to candidate by Deputy Returning Officer**

To (Candidate)..... I confirm receipt of your nomination

for the ..... Departmental Committee

..... electorate on ..... 20 .....

..... Deputy Returning Officer

**Return Nomination Form to:**

**PSA Returning Officer, PSA, GPO Box 4767, Sydney NSW 2001 or fax 02 9262 1623**