



WSMS ELECTION NOMINATION FORM

SEPTEMBER 2017 ELECTIONS

Full Name of Candidate _____

Student Number of Candidate _____ MBBS Year _____

Nominated Position(s), in order of preference _____

Note: You may accept a maximum of 2 Council Roles or 1 Exec Role. If you are successful in >1 role, you will be offered both and given 24 hours to accept or reject the role(s).

Contact Phone Number _____

By submitting this form, I consent to the Working Contract as set out in the *Positions* document(s) relevant to the position(s) which I am applying for. I will speak to the member in charge of the positions(s) for which I am nominating and will ask them to send an electronic confirmation to the Returning Officer. I understand that I will be disqualified if I fail to comply with the *Election Rules*. I understand that the result of the election is final and no negotiation or dispute will be entered into. I have read the *Election Rules* and relevant *Positions* documents.

Name _____ Date _____

Signed _____

(you may electronically sign by typing your name here OR print, complete, and scan)

Nomination Witnessed and Seconded by (any WSMS Member):

Name _____

Student Number _____

This form must be completed and emailed along with other relevant application documents, including photograph, to elections@wsms.org.au before 11.59pm on September 18, 2017.

Late entries will not be accepted. **Please send your form well ahead of the deadline. A confirmation email will be sent to all candidates by one of the Returning Officers within 24 hours of application.**