



Country Women's Association of WA

Est. 1924

NOMINATION FORM 2021-2022

STATE PRESIDENT

Description of Role:

This is the highest office of the Association. The State President speaks officially for the Association; is a Chairperson of the State Conference, the CWA of WA Board, and the CWA of WA DGR Funds Pty Ltd Board. The CWA of WA Board is responsible for the overall governance, management, and strategic direction of the organisation and for delivering accountable corporate performance in accordance with the organisation's goals and objectives. The State President is also a signatory to the Association accounts, a holder of the Common Seal of the Association, the leader of any delegation and shall be an ex-officio member, with a power to vote, on all Association Committees. She is the line manager for the Chief Executive Officer and has oversight of the delivery of Board and Conference decisions. She also plays a role in the mediation of disputes. The State President can hold office for a maximum term of 3 years, elected annually. **It is essential that the nominee be computer literate. A laptop computer and a mobile phone will be provided for the term of office.**

Eligibility: The CWA of WA (Inc) Constitution states in Rule 31:

A member nominated as State President shall:

- (a) be currently a member of a branch
- (b) have served for at least three (3) years on the Board and/or State Council
- (c) be, or have been a woman living on the land or having lived for a minimum of five (5) years in a regional area.

Duties and Responsibilities: The CWA of WA (Inc) Constitution Rules 48 - 52 outlines the responsibilities of serving on the CWA of WA Board.

Obligations: We recommend you familiarise yourself as to the content and scope of your legal obligations as a prospective member of the CWA of WA Board. Incoming Board members are required to agree to Terms of Appointment to the Board. Further information (including a copy of the Terms) can be obtained from State Office on 9321 6041 or email ceo@cwaofwa.asn.au

1. BRANCH NOMINATION

We of (Branch Name) _____ hereby nominate the following person for the position of STATE PRESIDENT OF THE CWA of WA BOARD:

Surname: _____ First Name: _____

She is a member of (Branch Name): _____

(Nominating Branch Office Bearer – President, Secretary or Treasurer - to sign)

(Please forward this form to your Nominee for them to complete and return to State Office)

2. NOMINEE TO ACCEPT NOMINATION

Name of Nominee: Surname: _____ First Name: _____

Address: _____

Postcode: _____ Phone: _____ Mobile: _____

Email: _____

I have currently served _____ consecutive years on the Board

Please also indicate periods of earlier service: _____

3. CONFIRMATION AND DOCUMENTS

Please indicate the following by placing a tick in the box:

- I confirm that I am not an undischarged bankrupt, do not have one of the specified criminal convictions or am not disqualified from managing a corporation as specified in the Corporations Act 2001 (Cth), and have not been disqualified by the Australian Charities and Not-for-Profits Commissioner at any time, from being a responsible person of a registered charity.
- If successful with my nomination, I agree to provide a current police clearance within 1 month.
- I have attached proof of payment (such as a receipt) of my CWA of WA's membership dues for the current calendar year.

4. PHOTO, CITATION AND CURRICULUM VITAE

Please send **(1)** a good quality photo as an email attachment, **(2)** a full curriculum vitae of your work and skills history (including references), **(3)** a description of your experience or training in Governance issues, including decision making and risk management and **(4)** a citation (in no more than 500 words) answering the questions below. (Please note that this citation will be used for publication in the magazine and/or for branch voting requirements. CWA of WA reserves the right to edit content provided prior to publication, subject to consultation with the nominee.)

1. **Why do you want to be State President of the CWA of WA Board?**
2. **What are the key skills you bring to the position?**
3. **What would you like to achieve during your term?**
4. **Personal Summary** - You may also like to use the following headings to organise your personal story:
 - a) Currently a branch member of:
 - b) How long have you been a member of the Association?
 - c) Positions held at CWA Branch and State level?
 - d) Work background and relevant professional memberships and training
 - e) Personal information

By signing this form, you agree to your nomination as the State President of the CWA of WA Board and that all the information provided is true and correct.

Signature: _____

Please forward this Nomination Form to the State Office by the closing date: **Friday, 16 April 2021**

Postal Address: PO Box 97, WEST PERTH WA 6872 Phone: 9321 6041 Email: margueritez@cwaofwa.asn.au