This form must be completed to nominate for a position on the Northern Territory Electrical Safety Board.

1. **Which position you are nominating for?** (Select one only)

Representative of employers of electrical workers

Representative of electrical workers

Representative of the community

Representative of the Territory

Representative of electrical training bodies

Chair of the Disciplinary Committee (Please ensure section 7 is completed)

1. **Nominee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Given name(s): |  | | |
| Family name: |  | | |
| Phone number: |  | Email: |  |
| Residential address: |  | | |

1. **Source of nomination**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Self-nomination (continue to section 4) | | Nominated by organisation | | |
| **Details of nominating organisation** | | | | |
| Organisation name: |  | | | |
| Nominator name: |  | | Email: |  |
| Nominator position: |  | | | |

1. **Current and past employment**

|  |
| --- |
| Detail your current or past employment that is relevant to the nominated position, including position title and length of service. |
|  |

1. **Qualifications and training**

|  |
| --- |
| Detail any qualifications or training relevant to the nominated position or the functions of the board. |
|  |

1. **Statement of suitability**

|  |
| --- |
| Provide a short statement indicating why you are interested in serving on the board, including information on any skills or experience you would bring to contribute to the functions of the board. |
|  |

1. **Additional information for nominations for the Chair of the Disciplinary Committee**

|  |  |  |
| --- | --- | --- |
| Do you have a current practising certificate? | Yes | No |
| What type of practising certificate do you hold? |  | |
| Detail your practising history, including current and former employers and length of service. | | |
|  | | |

Please email completed nomination forms to [agd.ntworksafeadminstration@nt.gov.au](mailto:agd.ntworksafeadminstration@nt.gov.au)