### ANNUAL ELECTION OF COUNCIL 2023 – 2025

**Notice of Election at AGM, Nomination and Consent to Serve**

**PLEASE COMPLETE ALL THREE PAGES**

In accordance with Clause 35.4 of constitution of The Mathematical Association of Victoria nominations are hereby called for membership of the Board of The Mathematical Association of Victoria for the period May 2023 to May 2025.

**Nominations close on Monday 24th April 2023** and may only be made by submission of this form correctly completed before the close of business on the before-mentioned date.

Nominations should be submitted via email to the Company Secretary at [office@mav.vic.edu.au](mailto:office@mav.vic.edu.au)

**Candidate information:** In addition to this form, please include the following Candidate information. The total of this submission should be no more than a one page Word document.

1. A short 200 – 300 word biography, and recent photo, and
2. A personal statement 200 – 300 words on how your experience, skills and interests will be of value to the MAV Council if you are appointed to the role of Director.
3. Plus an optional video statement; this is optional but highly encouraged, and to a maximum of 2 minutes: an elected director that is retiring may provide assistance in producing candidate videos if requested.

**Election:** The 2025 – 2025 Board will be elected at the Annual General Meeting of the MAV, which is to be held on **Tuesday 23rd May 2023.** Electronic voting will open 21 days prior to the AGM.

As a member of The Mathematical Association of Victoria with voting rights, I wish to **nominate**:

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_

**Name of Proposer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_

**Signed (Proposer):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

As a member of The Mathematical Association of Victoria who meets the criteria for becoming an elected Director according to Clause 35.4 of the Constitution, I accept the nomination, and if declared elected, agree to accept appointment as an Elected Director of the Mathematical Association of Victoria Board for the period May 2023 to May 2025.

**Signed (Nominee):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration:**

I,­ ­­­­­­ (Full Name) of (address), declare that:

¨ I am not disqualified from managing a corporation, within the meaning of the *Corporations Act 2001 (Cth)*

*This may occur if you:*

* *have been convicted of certain offences, such as serious offences, dishonesty offences or other offences that can affect a corporation,*
* *are an undischarged bankrupt or are subject to a ‘personal insolvency agreement’ you have not followed, or*
* *have been disqualified by the Australian Securities and Investments Commission (ASIC), the Office of the Registrar of Aboriginal and Torres Strait Islander Corporations (ORIC), or an Australian or New Zealand court.*

¨ I have not been disqualified by the Australian Charities and Not-for-profits Commissioner at any time during the previous year from being a responsible person (what the ACNC Act calls a ‘responsible entity’) of a registered charity.

While I am a Responsible Person for The Mathematical Association of Victoria, I agree to notify this charity as soon as possible if I do become disqualified from managing a corporation within the meaning of the Corporations Act 2001, or am disqualified by the Australian Charities and Not-for-profits Commissioner. Responsible Persons are the members of a charity’s governing body who share responsibility for the governance of the charity (called ‘responsible entities’ under the ACNC Act).

¨ In order to meet the requirements of MAV’s Child Safe Policy and Code of Conduct, I provide a copy of my Police Check, Working with Children Check, or Victorian Institute of Teaching (VIT) registration. I agree to keep this up to date as long as I am a director. ***(Please supply with your nomination)***

Declared at: **[insert location]**

……………………………………………………

On: **[insert date]**

……………………………………………………

Signature:

……………………………………………………

Name:

……………………………………………………

**Director ID:**

#### You are required to gain a **Director ID prior to being appointed/elected**. You must provide your Director ID prior to the AGM date, or you will not be eligible to be appointed. By law it is a requirement to have a Director ID and large fines apply for not meeting this requirement. Fine out more here: <https://www.abrs.gov.au/director-identification-number>

Provide your Director ID here if you already have it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or send through as soon as it is available.

Details for Lodgement with ACNC/ASIC

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Birth:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:**\_\_\_\_\_\_\_\_\_

**Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:**\_\_\_\_\_\_\_\_\_

**Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_