**ARSC POSITION ELECTION NOMINATION FORM**

*(Please ensure your nomination is submitted via email to secretary.org.au*

*7 DAYS PRIOR to the upcoming ARSC)*

|  |  |
| --- | --- |
| **First name and initial:** |  |
| **Contact telephone number:** |  |
| **Clean Date:** |  |
| **Position nominating for:** |  |

**Please check the boxes that apply to you**

|  |  |
| --- | --- |
|[ ]  Have an N.A sponsor |[ ]  Have an N.A home group |
|[ ]  Attend regular N.A meetings |[ ]  Understand the Service Structure |
|[ ]  Have a working knowledge of the 12 steps, 12 traditions, and 12 concepts of N.A  |

**Are you familiar with and willing to abide by the ARSC guidelines emphasising the part that relates to attendance?**

[ ]  Yes

[ ]  No

[ ]  I would like the Chair to read the relevant policy to me before answering

**Have you ever been removed from a position or stood down?**

[ ]  Yes

[ ]  No

**Have you ever misappropriated NA Funds?**

[ ]  Yes

[ ]  No

**If you are applying for a position on the Administration Committee or FSO Pool, have you been disqualified by the Australian Charities and Not-for-profits Commission (ACNC) in the past year, or are you disqualified from managing a corporation within the meaning of the Corporations Act 2001 (Cth) – see below link for further information.**

[ ]  Yes - I have been disqualified or I am disqualified

[ ]  No – I have not been disqualified or I am not disqualified

https://www.acnc.gov.au/for-charities/manage-your-charity/governance-hub/governance-standards/4-suitability-responsible-0

**Please list your relevant service history below (please add extra rows if more room is required. If completing hard copy, please use page 3 to add more details).**

**Group Level Service**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Year | Length of Term | Term Completed (yes/no) | Reason for not completing term (If applicable) |
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**Area/Metro Level Service**

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| --- | --- | --- | --- | --- |
| Position | Year | Length of Term | Term Completed (yes/no) | Reason for not completing term (If applicable) |
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**Regional Level Service**

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| --- | --- | --- | --- | --- |
| Position | Year | Length of Term | Term Completed (yes/no) | Reason for not completing term (If applicable) |
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**Zonal / World Level Service**

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| --- | --- | --- | --- | --- |
| Position | Year | Length of Term | Term Completed (yes/no) | Reason for not completing term (If applicable) |
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**Other Relevant Service Commitments**

|  |  |  |
| --- | --- | --- |
| Commitment | Length of Commitment | Comments |
|  |  |  |
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**Other Relevant Skills or Attributes**

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Email to: secretary@na.org.au