



Nomination Form

Please submit this form to the Union's office at UN Building, Level 4

Name: _____

Student ID number: _____

Date of birth: _____

Email address: _____

Mobile number: _____

Home address: _____

Campus: _____

Faculty: _____

Course: _____

Level of study: _____

Local/International: _____

Gender:* _____

Are you an Indigenous Australian?* _____

Do you identify as queer?* _____

Position: _____

Signature: _____

Date: _____

Nominated by: _____

Signature & date: _____

Seconded by: _____

Signature & date: _____

*Only required for relevant positions with eligibility restrictions.