

# STATE COUNCIL NOMINATION FORM 2010-2011



All financial members are eligible and encouraged to nominate for a position within Queensland Children's Activities Network QCAN Inc State Council. Being an active member of QCAN is the best way to keep informed with what is happening in the Outside School Hours Care sector, and provides a great opportunity to build a network of contacts. All nomination forms must be forwarded to QCAN by Friday 6<sup>th</sup> August 2010.

**NOMINEE** \_\_\_\_\_

*(insert full name)*

I would like to put forward my nomination as State Council Committee Member.

The current constitution of the Queensland Children's Activities Network identifies that a representative from each of 10 regional areas is eligible to sit on State Council. The Council is also able to maintain an additional 2 positions from persons who are not the nominees of a particular QCAN Electoral Region.

Region	Please tick	Area	Position
1	Not available	Brisbane	Currently held – Sue Berkhut – not up for nomination
2		Gold Coast	<i>Not currently held Up for nomination/election</i>
3	Not available	Brisbane South/Redland	Currently held – Maryann Sword – not up for nomination
4		Ipswich & Toowoomba	Standing down Up for nomination
5	Not available	Brisbane North	Currently held – Leonie Treasure Not up for nomination
6	Not available	Sunshine Coast	Currently held – Libby Kerr Not up for nomination
7	Not available	Wide Bay-Burnett	Currently held – Wendy Ross Not up for nomination
8		Central West Fitzroy/Mackay	Standing down Up for nomination
9	Not available	North West Qld/North Queensland	Currently held – Julie Booth Not up for nomination
10		Far North Queensland	Standing down Up for nomination
		Additional Position 1	Standing down Up for nomination
		Additional Position 2	<i>Not currently held Up for nomination/election</i>

**Signature of Nominee**.....

*Please tick*

I am an authorised representative of a QCAN organisational member.

**Seconded by**..... **Signature**.....

*Please tick*

I am an authorised representative of a QCAN organisational member.

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*This section to be completed by the NOMINEE*

My involvement in the OSHC sector is:

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What I could contribute to a role with QCAN:

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Date \_\_\_\_\_ Membership Number \_\_\_\_\_

Contact Phone Numbers \_\_\_\_\_

**Please fax to:- The Secretary, QCAN Inc. 07 3201 1724**

**or**

**Mail to:- The Secretary, QCAN Inc, PO Box 6985, Mt Crosby Q 4306**