**LCA Nomination Form**

For membership of ***COMMITTEE FOR MINISTRY WITH THE AGEING***

Please tick which role/s you are nominating for:

* *Chairperson*
* *Member with aged care industry experience capable of representing the Church on aged care sector bodies*
* *Pastor with expertise in ministry with the ageing*
* *Member with expertise in ministry with ageing people*
* *Member with knowledge and experience of working with ageing people in a congregational setting*

***Note:*** *\* Core information will be included in the Book of Reports for the LCA General Convention of Synod*

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| **Personal Details** | | | | | | | | | | | | |
| **Title** |  | | **Surname \*** | | | | | | | | | |
| **First Name \*** |  | | | | | **Other Name(s)**  *(if applicable)* | | |  | | | |
| **Home Address** |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Suburb |  | | | | | State |  | | | Postcode |  |
| **Office Address** |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Suburb |  | | | | | State |  | | | Postcode |  |
| **Postal Address** |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Suburb |  | | | | | State |  | | | Postcode |  |
| **Home congregation \*** | | | | |  | | | | | | | |
| **Date of birth** |  | | | | **Place of Birth**  *(i.e. suburb and state)* | | | | |  | | |
| **Gender \*** | **🞏 M 🞏 F** | | | | **Personal Email** | | | | |  | | |
| **Contact Details** | | | | | **Mobile Number** | | | | |  | | |
| **Home Number** | | | | | ( ) | | |
| **LCA Email** If you do not currently have an LCA email address you will be issued with one which you will be required to use for all LCA correspondence. | | | | |  | | |
| **Education / Training** | | | | | | | | | | | | |
| **Qualifications (these will be recorded in the LCA database) \*** (please supply full title and nominals): | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |

*\* This information is requested so that due regard is given to geographic and gender balance to enable a broad cross-section of the interests and needs of the church to be heard. This information will remain confidential to those involved in the nominations process.*

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| **Relevant experience** |
| **Commencement year on Governing or Advisory Body (if already a member):** |
| **Give a brief statement about your reasons for nominating for this role** |
| **Involvement in congregation and/or parish: \***  **Current:**  **Previous:** |
| **Involvement at churchwide and/or district level: \***  **Current:**  **Previous:** |
| **Skills and experience relevant to this role** |

Further relevant information (not more than 2 pages) may be attached.

* By seeking this nomination I agree to actively participate in all aspects of the role to which I may be appointed including completion of any induction/orientation program, preparing for and attending meetings, making a positive contribution to the matters under discussion and undertaking tasks that may be allocated to me at meetings from time to time.
* I have access to internet connection in order to receive emails and participate in possible online meetings.
* I declare that I am neither an undischarged bankrupt nor subject to a personal insolvency agreement. I have never been convicted of fraud or any other offences under company law.
* I acknowledge that to be eligible to serve as a member on a LCA governing or advisory body it is a requirement that I hold a current working with children and vulnerable people certificate (or equivalent) and I will keep this certification current for the term of my appointment.
* ***Please attach a copy of the applicable documentation eg current Working with Children or Vulnerable People certification as relevant in your state or territory.***    
  Date of issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I have undertaken Professional Standards training within the last 3 years or am willing to do so.
* I agree that I will fulfil the roles, responsibilities and expectations required of me as a member of the governing or advisory group to which I may be elected or appointed.
* If this nomination is not successful, I agree to my details being kept for consideration for other governing bodies and being recorded in the LCA LAMP2 database.
* I agree that the Church may use my personal and sensitive information for the purposes of communication and LAMP2 and for any purpose permitted by the LCA Privacy Policy and the provisions of the Privacy Act (Cth) 1988 or the Privacy Act (NZ) 2003.  
  I agree to undertake my best endeavours to ensure that my information is up to date.
* I agree to use the personal and sensitive information of people who engage with the Church, and to which I may have access, for the purposes of the life of the Church and in accordance with the LCA Standards of Ethical Behaviour, the LCA Prevention of Abuse and Harassment Policy, the LCA ICT Policy and such other LCA Policies which may be developed from time to time. <https://www.lca.org.au/services-resources-training/policies/>

**………………………………………………….. ……………………………**

**Signature Date**

**Please supply two personal referees OR a third party nomination**

|  |  |
| --- | --- |
| **REFEREE 1** | **REFEREE 2** |
| Name  Phone  Email | Name  Phone  Email |
| ***For lay members:*** *your congregation/parish pastor*  *(in a vacancy, your former congregation/parish pastor)*  ***For pastors:*** *your District Bishop*  ***For non-Lutherans:*** *your congregation/parish pastor* | **For all applicants:**  *another person who will confirm your suitability (not related to you)* |

*\*Please note that Referees may be contacted by members of the Standing Committee on Nominations to discuss your nomination.*

**OR**

**THIRD PARTY NOMINATION (from Congregations, District Bishops, LCA Bishop or LCA Boards)**

I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

advise that I/we have nominated the above applicant for this position.  
***Please attach a copy of the Congregation/Church Council/LCA Board resolution***

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form to [nominations@lca.org.au](mailto:nominations@lca.org.au) Thank you.  
**Chair, LCA Standing Committee on Nominations**