**LCA Nomination Form**

For membership of LCA Governing or Advisory Body: \_\_**Council for Local Mission**\_\_\_\_\_\_

Role on that body: **Current experience and competence in leading or working in mission in a local context**

***Note****: Some groups have specific membership/role requirements. Please complete this section by reference to the membership criteria in the board or committee’s Terms of Reference.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | |
| **Title** | **MRS** | | **Surname DOE** | | | | | | | | | |
| **First Name** | **JANE** | | | | | **Other Name(s)**  *(if applicable)* | | |  | | | |
| **Home Address** | **12 NEW ST** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Suburb | **ADELAIDE** | | | | | State | **SA** | | | Postcode | **5000** |
| **Office Address** |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Suburb |  | | | | | State |  | | | Postcode |  |
| **Postal Address** | **PO BOX 111** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Suburb | **ADELAIDE** | | | | | State | **SA** | | | Postcode | **5000** |
| **Home congregation** | | | | | **ADELAIDE BETHLEHEM LUTHERAN CHURCH** | | | | | | | |
| **Date of birth** | **11/01/1971** | | | | **Place of Birth**  *(i.e. suburb and state)* | | | | | **MANNUM SA** | | |
| **Gender** | **🞏 M √ F** | | | | **Personal Email** | | | | | **JDOE@WONKY.ORG.AU** | | |
| **Contact Details** | | | | | **Mobile Number** | | | | | **0401 123 456** | | |
| **Home Number** | | | | | **(08) 8123 4567** | | |
| **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. | | | | | **JANE.DOE@LCA.ORG.AU** | | |
| **Education / Training** | | | | | | | | | | | | |
| **Qualifications (these will be recorded in the LCA database)** (please supply full title and nominals): | | | | **BTH BACHELOR OF THEOLOGY  BA BACHOLOR OF ARTS** | | | | | | | | |

*\* 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): 2015** |
| **Give a brief statement about your reasons for nominating for this role**  **PLEASE COMPLETE WHAT INTERESTS YOU IN THIS ROLE** |
| **Involvement in congregation and/or parish**  **Current: SECRETARY 2015-**  **Previous: CHILDREN, AND FAMILY MINISTRY COORDINATOR 2016-2018** |
| **Involvement at churchwide and/or district level:**  **Current: INVOLVED IN BLUEPRINT MINISTRIES, 2016-**  **Previous: DISTRICT CHURCH COUNCIL MEMBER, 1999-2004** |
| **Skills and experience relevant to this role**  **PAST AND PRESENT GOVERNANCE EXPERIENCE AT CONGREGATION AND DISTRICT LEVEL** |

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: **12/3/19 PLEASE PROVIDE COPY OF YOUR CURRENT CERTIFICATE**

**√** 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/>

**………JANE DOE……………………….. ………12/4/19…………**

**Signature Date**

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

|  |  |
| --- | --- |
| **REFEREE 1** | **REFEREE 2** |
| Name **REV MICHAEL PASTOR**  Phone **0423 456 789**  Email **michael.pastor@lca.org.au** | Name **SAM MILLER (cong Chair)**  Phone **0434 567 890**  Email **smiller@wonky.com.au** |
| ***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 **ONLY COMPLETE IF BEING REFERRED FROM CONGREGATION, DIST BISHOP, LCA BISHOP OR lCA BOARD** 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**