**LCA Nomination Form**

For membership of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Familiarise yourself with the Terms of Reference prior to completing the form

*\*Required fields  
This information will be managed with discretion according to the LCA Privacy Policy and 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. Brief information may be included in Convention of General Synod communications.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | |
| **Title\*** |  | | **Surname \*** | | | | | |
| **First Name \*** |  | | | **Other Name(s)**  *(if applicable)* | |  | | |
| **Home Address** |  | | | | | | | |
|  | | | | | | | |
| Suburb |  | | | State | |  | Postcode |
| **Postal Address** |  | | | | | | | |
|  | | | | | | | |
| Suburb |  | | | State | |  | Postcode |
| **Home Congregation \*** |  | | | | | | | |
| **Date of birth \*** |  | | **Place of Birth**  *(i.e. suburb and state/country)* | | |  | | |
| **Do you identify as** | **🞏 Maori 🞏 Aboriginal/Torres Strait Islander** | | | | | **Gender** | | **🞏 M 🞏 F** |
| **Contact Details** | **Mobile Number \*** | |  | | | | | |
| **Home Number** | | ( ) | | | | | |
| **Personal Email \*** | |  | | | | | |
| **Do you have a current LCA Email address** | | | | | **🞏 Yes 🞏 No** | | |
| **Education / Training** | | | | | | | | |
| **Qualifications \*** (please supply full title and nominals): | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

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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:** |
| **Skills and experience relevant to this role, including how they fit with the Terms of Reference\*** |
| **Involvement in congregation and/or parish: \***  **Current:**  **Previous:** |
| **Involvement at churchwide and/or district level: \***  **Current:**  **Previous:** |

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 provide details of your current Working with Children or Vulnerable People certification as relevant in your state or territory.***   
  **Reference # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* I have undertaken Professional Standards training within the last 3 years or will do so prior to commencing in this position if appointed. **In order for your nomination to be considered all documentation must be supplied.**
* If this nomination is not successful, I agree to my details being kept for consideration for other governing bodies for the Synodical term.
* 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.

**………………………………………………….. ……………………………**

**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 (not related to you) who will confirm your suitability* |

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

**OR**

**THIRD PARTY NOMINATION (only 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**