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| --- | --- |
| **SCHOOL/COLLEGE** |  |
| Nominee (Full name) |  |
| Address |  |
| Profession/Occupation |  |
| Telephone | Home |  | Work |  |
| Mobile |  |
| Email Address |  |
| Congregation |  | Date of first appointment to Council (unbroken service) |  |
| Skills Set/Experience | ***Please give a brief outline of what skills/experience you can offer to this District School/College Council*** |

**I confirm my willingness to continue as a District School/College Council Member, and that I have maintained my eligibility for membership.**

**Signatures**:

 \_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (Date)

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| Nominee |

Signed by-

|  |
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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Chair of School/College Council |
| Forwarded by Principal (Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Executive Director – LEQ |  | Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

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***LEQ & LCAQD Use Only*:**

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| District Church Council | *Date:* | Synodical Expiry Date |  |
| *Res: No:* | ***Distribution of Letter to Nominee*** |
| Letter Written to Nominee |  | Chair School/College Council | LEQ – 1 Exec Director; 1 Business Manager |
| ........../............./........... | .........../.........../......... |