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| --- | --- |
| **SCHOOL/COLLEGE** |  |
| Nominee (Full name) |  |
| Address |  |
| Profession/Occupation |  |
| Telephone | Home |  | Work: |  | Mobile: |  |
| Email Address |  |
| Congregation |  |

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| ***Summary of service in congregation, parish or wider Church***: |
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| --- |
| ***Summary of service in the community***: |
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|  |
| Skills Set/Experience | ***Please give a brief outline of what skills/experience you can offer to this District School/College Council*** |
|  |  |
| Name of Council member being replaced: |  |
| School/College Council Contact for Personal Reference | Name: | Phone:  |

***Schools/College Use Only****:* ***THIS SECTION MUST BE COMPLETED***

**Is the Nominee a Communicant member of the LCA? YES/NO**

**If NO**, please attach the following in support of this nomination.:

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| *1. A brief, outlining circumstances leading to request for appointment of a non-Lutheran to the District School/College Council:.* *a) identifying their specific expertise and the process used to locate a Lutheran with those skills.* *b) describing the section of the community served and attempts to locate a Lutheran member.**c) declaring that no suitable Lutheran member is available and that governance would be severely compromised by the vacancy not being filled.**2. Copy of the resolution by the Governing Body seeking to appoint this nominee**3. Statement confirming that the nominee has committed to uphold the mission and subscribe to the objects of the governing body.* |
|  |

## **Signatures**: Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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| ***Endorsed by****School/College Council* | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | *Chairman of School/College Council* |  |
| *Forwarded by Principal**(Signature:)* |  |  | *\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ (Date)* |
| *Executive Director - LEQ* |  |  | *\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (Date)* |
|  |  |  |  |

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

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| Schools Council Endorsement | Date: | Date Appointed by District Church Council | Date: | Term: - No. of Years  |  |
| Res. No: | Synodical Expiry Date |  |
| Ltr Written to Nominee |  | Distribution of Copies of Letters |
| Chair Schools/College Council | Date:\_\_\_/\_\_\_/\_\_ | LEQ - 2 copies – 1 Exec Director & 1 – Bus Manager |