

## **NOMINATION FOR ELECTION TO THE BOARD OF ESTARA**

I, \_\_\_\_\_ being a member of The Paraplegic & Quadriplegic Association of South Australia Ltd (estara), nominate the following estara member to be a candidate for election to the estara Board.

Name of Nominee: \_\_\_\_\_  
(Insert name of member being nominated here)

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Member making the nomination sign here)

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Member seconding the nomination sign here)

### **To be completed by the Nominee (member who has been nominated)**

In accordance with the estara [Constitution](#), I, \_\_\_\_\_, being a member of estara, consent to this nomination and give my consent to act as a Director of estara if so elected. I consent to my completed Director Candidate Statement (to be attached) being used for the purpose of nomination review (against the requirements detailed in estara's Constitution) and Board election if accepted.

Nominee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return Nomination Form and Candidate Statement, marked "Confidential" to:

*The Company Secretary*  
estara  
Ground Floor, 225 Greenhill Rd  
Dulwich SA 5065

Or by secure email:  
[public@estara.com.au](mailto:public@estara.com.au)

**Nominations will not be accepted after 5pm on Wednesday 9<sup>th</sup> October 2024  
(estara AGM will be conducted on Tuesday 19<sup>th</sup> November 2024)**

## ESTARA BOARD DIRECTOR CANDIDATE STATEMENT

<b>Nominee Name</b>	
<b>Postal address of candidate</b>	
<b>Email address of candidate</b>	
<b>Telephone:</b>	(W)
	(M)
<b>Relevant knowledge and qualifications</b>  Refer Board Director Position Statement/estara Constitution for Director requirements	
<b>Candidate statement</b> – please outline in 1000 words or less (separate document accepted) why you would be suitable for election to the estara Board and how you will add value to the company as a whole.	