



**THE CEREBRAL PALSY ASSOCIATION OF WESTERN AUSTRALIA LIMITED
TRADING AS ABILITY CENTRE
ABN 79 057 702 959**

Nomination Form for Election to the Board of Directors

I [name]

of [address]

being a Financial Member of The Centre for Cerebral Palsy hereby nominate

..... [name]

of [address]

for Election to the Board of Directors in the category ofMember

Proposer's Signature: Date:

This nomination is seconded by

..... [name]

of [address]

being a Financial Member of The Centre for Cerebral Palsy

Seconder's Signature: Date:

The nominee must complete "Statement from Nominee" - see over [page 2]

STATEMENT FROM NOMINEE

I [name]

being a Financial Member of The Centre for Cerebral Palsy agree to accept nomination for Election to the Board of Directors and attach a brief resume [200 words] of my personal particulars.

I am aware that under the Articles of Association of The Cerebral Palsy Association of Western Australia Ltd, Clause 8 has a number of sub-sections which specify reasons as to why someone may not hold office of Member of The Board of Directors.

Clause 8 VACATION OF DIRECTORS OFFICE

The office of a member of the Board of Directors shall be vacated:

- 8.4 if he/she receives any salary or wages (not including Directors' fees as provided for in Article 5.6) from the Company except if he/she is a person with cerebral palsy;*
- 8.5 if he/she occupies a position in the first or second tier of management in an organisation where its primary purpose is catering for people with disabilities;*
- 8.6 if he/she becomes bankrupt;*
- 8.11 if he/she is convicted of any criminal or indictable offence and the Board so determines that he/she shall vacate.*

This is to certify that there is no reason under the Memorandum and Articles of The Cerebral Palsy Association of Western Australia Ltd to preclude me from becoming a Director of the Association, and that I am eligible to be elected under the categories for which I have been nominated.

I have read the booklet "Guidelines for Directors of The Centre for Cerebral Palsy" and understand the obligations of office.

Signature of Nominee: Date:

Please return this form to:

**The Chief Executive Officer
The Centre for Cerebral Palsy
PO Box 61
MOUNT LAWLEY WA 6929
no later than 5.00pm Thursday 7 October 2014**

(A 200 word profile of the nominee should accompany this nomination form.)