**ARSC Election Nomination Form**

**Name and First Initial**

**Contact Telephone Number**

**Clean Date** / /

**Please check the boxes that apply to you**

Have an N.A sponsor Have an N.A home group

Attend regular N.A meetings Understand the Service Structure

Have a working knowledge of the 12 steps, 12 traditions, 12 concepts for N.A service

**Are you familiar with and willing to abide by the ARSC guidelines emphasising the part that relates to attendance?**

Yes

No

I would like the Chair to read the relevant policy to me before answering

**Have you ever been removed from a position or stood down?**

Yes

No

**Have you ever misappropriated NA Funds?**

Yes

No

**If you are applying for a position on the Administration Committee or FSO Pool, have you been disqualified by the ACNC in the past year, or are you disqualified from managing a corporation within the meaning of the Corporations Act 2001 (Cth) – see below link for further information.**

Yes - I have been disqualified or I am disqualified

No – I have not been disqualified or I am not disqualified

<https://www.acnc.gov.au/for-charities/manage-your-charity/governance-hub/governance-standards/4-suitability-responsible-0>

**Please list your relevant service history below (please add extra rows if more room is required. If completing hard copy, please use page 3 to add more details).**

**Group Level Service**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Year | Length of Term | Term Completed (yes/no) | Reason for not completing term (if applicable) |
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**Area/Metro Level Service**

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| --- | --- | --- | --- | --- |
| Position | Year | Length of Term | Term Completed (yes/no) | Reason for not completing term (if applicable) |
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**Regional Level Service**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Year | Length of Term | Term Completed (yes/no) | Reason for not completing term (if applicable) |
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**Zonal / World Level Service**

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| --- | --- | --- | --- | --- |
| Position | Year | Length of Term | Term Completed (yes/no) | Reason for not completing term (if applicable) |
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**Other Relevant Service Commitments**

|  |  |  |
| --- | --- | --- |
| Commitment | Length of Commitment | Comments |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Relevant Skills or Attributes**

**Once completed please send this form to** [**secretary@na.org.au**](mailto:secretary@na.org.au)