

# Team Nomination Attachment – Consent to Act

## Australian Municipal, Administrative, Clerical and Services Union Queensland Services and Northern Administration Branch Scheduled Election - Branch Quadrennial Elections E2023/35 Stage 1

**CANDIDATE:**

Full Name (Print clearly)

**Membership Number:**

(Print clearly)

**For the office of:**

(Print name of office as shown in the Election Notice)

**Location/Branch:**

Queensland Services and Northern Administration Branch

**Name for ballot paper:**

Print your name as you wish it to appear on the ballot paper.

### CANDIDATE'S CONSENT

I, \_\_\_\_\_ (print your name) consent to the Team nomination.

for the above office as part of the \_\_\_\_\_ Team.

I declare that I am eligible under the rules and am not disqualified from being a candidate [see Chapter VII, Part 4 of the *Fair Work (Registered Organisations) Act 2009*].

Please indicate preferred title e.g., Mr, Mrs, Miss, Ms \_\_\_\_\_ Gender: Male / Female  
(Please circle)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
(this is the preferred method of contact with candidates please print clearly)

Signed: \_\_\_\_\_