

## NOMINATION FORM – ELECTED BOARD MEMBER

### NOMINEES DETAILS

Name of Nominee: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

AusTriathlon/TWA Member Number: TA \_\_\_\_\_

Gender	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
	<input type="checkbox"/> Non binary
	<input type="checkbox"/> Prefer not to say

Age	<input type="checkbox"/> 18-25
	<input type="checkbox"/> 25-40
	<input type="checkbox"/> 41-55
	<input type="checkbox"/> 56-70
	<input type="checkbox"/> Over 70

Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you require accessibility accommodations if you joined the Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak a language other than English at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you reside in regional WA for much of the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Nominations and supporting documentation must be received prior to **4:00pm AWST Sunday 21 September 2025.**

Executive Director

Email: [mel.farley@wa.triathlon.org.au](mailto:mel.farley@wa.triathlon.org.au)

SportHQ

203 Underwood Avenue, FLOREAT WA 6014

Monday-Friday 9-5pm ONLY

Ph: 08 9443 9778

**TRIATHLON WESTERN AUSTRALIA CALL FOR NOMINATIONS**  
**ELECTED BOARD MEMBER**



**NOMINEE INFORMATION**

Please summarise your experience and qualifications in each of the below skills, even if your experience in any is limited.

<b>GOVERNANCE</b>
<i>Any Previous Board Experience and Director Qualification/ AICD Membership</i>
<i>Strategic Planning</i>
<i>Risk Management</i>
<i>Financial Management</i>
<b>GOVERNMENT/MEDIA ENGAGEMENT</b>
<i>Government/political engagement</i>
<i>Media experience or connections</i>

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## BUSINESS MANAGEMENT

*Legal Capability (Dispute resolution/mediation)*

## Human Resources Management

## Information and Communications Technology

**PERSONAL STATEMENT:** (answers to be distributed to the membership as part of the voting process)

*Why are you seeking a position on the Board of TWA?*

*If you are successful, how will you add value to TWA?*

*If you are successful, what would you want to be recognised for during your time on the Board?*

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**NOMINEE AGREEMENT & CONSENT**

I, \_\_\_\_\_ (the nominee) by signing below, confirm that I am willing to accept this nomination and I have read, understood and accept the conditions contained in Point 5 of the TWA Board Member Position Description.

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

**MEMBERS SIGNATURES**

ALL Nominations must be signed by two (2) Individual Current Financial Members of the Association.

**Member to Sign:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

TWA Member #: \_\_\_\_\_

**Member to Sign:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

TWA Member #: \_\_\_\_\_

**REFEREES**

ALL Nominees should provide contact details of two (2) professional referees who MAY be contacted.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Nominations and copy of CV/resume must be received prior to **4:00pm AWST Sunday 21 September 2025.**

By email to: Executive Director [mel.farley@wa.triathlon.org.au](mailto:mel.farley@wa.triathlon.org.au)

Or in person to: TWA EXECUTIVE DIRECTOR

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