TRIATHLON WESTERN AUSTRALIA CALL FOR NOMINATIONS
ELECTED BOARD MEMBER

NOMINATION FORM – ELECTED BOARD MEMBER

NOMINEES DETAILS

Name of Nominee: _____

Street Address: _____

Contact Number: _____

Email Address: _____

AusTriathlon/TWA Member Number: TA _____

Gender	☐ Male
	☐ Female
	☐ Non binary
	☐ Prefer not to say

Age	☐ 18-25
	☐ 25-40
	☐ 41-55
	☐ 56-70
	☐ Over 70

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

SportHQ
203 Underwood Avenue, FLOREAT WA 6014
Monday-Friday 9-5pm ONLY
Ph: 08 9443 9778

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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.

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

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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

Or in person to: TWA EXECUTIVE DIRECTOR

SportHQ, 203 Underwood Avenue, FLOREAT WA 6014

Ph: 08 9443 9778 - Office hours 9:00am – 5:00pm Monday-Friday ONLY