

Application for Appointed Regional Councillor – Australia

The following information is requested by and provided for Chartered Accountants Australia and New Zealand. The information collected will be retained for as long as necessary to effect the election/appointment process.

Please complete the following information

Please print in **BLOCK LETTERS**

Section 1 – Candidate's details

Region – please select NSW VIC QLD WA SA/NT ACT TAS

CANDIDATE'S DETAILS – Candidate to complete

Full name CA ANZ ID number

Phone number Mobile

Email

Membership designation – please specify CA FCA ACA FACA AT AT Fellow

Section 2 – Supporting information

Current position / Title

Name of business

Business address

Type of business - please tick one

Public Practice:	<input type="checkbox"/> Big 4	<input type="checkbox"/> Mid-Tier	<input type="checkbox"/> Small to Medium Enterprise
Corporate:	<input type="checkbox"/> Multinational	<input type="checkbox"/> Large Corporate	<input type="checkbox"/> Small to Medium Enterprise
Public Sector:	<input type="checkbox"/> Federal/State/Central Government	<input type="checkbox"/> Local Government	
	<input type="checkbox"/> Education	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Other

If 'Other' – please describe

Academic and professional qualifications – please specify

Details of current or past service to Chartered Accountants ANZ (ICAA/NZICA) or profession (include membership of any committees and/or councils)

Other Professional Memberships and roles not included above

Experience of relevance to the role – please include previous roles

Candidate statement to support your candidacy with 150 words on 'what you would bring to the role'. This may be edited by CA ANZ for publication

Section 3 – Privacy statement, eligibility and confirmation

PRIVACY STATEMENT

Privacy is important to Chartered Accountants Australia and New Zealand (ABN 50 084 642 571) (CA ANZ), and its subsidiaries (collectively we, us or our). We will collect, use and disclose the personal information that you provide to us in this form for the primary purpose of assessing and processing this application for your nomination. If you do not provide the information requested by us, we may not be able to process your nomination.

We will disclose a summary of the information provided to us in this form to members of Chartered Accountants ANZ, Regional Councils and CA ANZ management and to the Nominations and Governance Committee to assess your application.

We will also use and disclose personal information (including sensitive information) as set out in our Privacy Policy available at www.charteredaccountantsanz.com/privacy. It is likely that personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). Our Privacy Policy sets out how CA ANZ handles personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with.

I have read, understood and agree to Chartered Accountants ANZ's [Privacy Policy](#) and the important information contained in the Privacy Statement above.

DECLARATIONS

- I confirm that the details supplied in this document are true and correct
- I confirm that I have completed all required CPD, there are no outstanding amounts owing to CA ANZ and I am not the subject of any current, past or impending professional conduct proceedings, criminal or civil matters that might in any way impair my ability to fully and acceptably fulfil the governance and representative responsibilities of the position.
- I understand that CA ANZ may undertake checks to confirm my responses
- I have read the position description and the CA ANZ Code of Conduct for the role
- I agree that in the event that I am elected or nominated I will be required to agree to CA ANZ's appointment letter and confidentiality agreement and that agreement to these documents are a condition of my appointment in this position
- I agree that in the event that I am elected or nominated I will be required to, and agree that I will, abide by CA ANZ's policies and procedures.

Signature Name:
Date: / /

I acknowledge and agree that by checking this box I will be taken to have signed this form by hand for the purposes of all relevant laws, that I warrant the accuracy and truthfulness of the information provided in this form, and that CA ANZ is entitled to and will rely on my checking this box as if I had signed this form by hand.

Please send completed nomination form and photo to Chartered Accountants ANZ by email to AusRCNominations@charteredaccountantsanz.com