



# General Practice Training Queensland

**General Practice Training Queensland Limited**  
(ACN 100 274 324)  
("Company")

## Director Nomination Form

### 1 Nomination

..... of .....,  
*Name of member, as it appears in the register of members*                      *Address of member*

being a Member of the Company, hereby nominate .....  
*Insert full name of nominee*

as a candidate for election as a Member Elected Director of the Company at the Annual General Meeting of the Company to be held on Tuesday 11 May 2021.

Executed by the nominator:

Signature of Member  
Representative: .....

Name of Member  
Representative: .....

Date: .....

### 2 Acceptance of nomination

I, ....., hereby accept the nomination described in section 1 of  
*Insert name of nominee*  
this nomination form. If elected, I hereby consent to act as a Director of the Company.

A short description of my skills, competencies and experience that would benefit General Practice Training Queensland is below. I acknowledge and agree that **this information will be provided to Members** of the Company along with the proxy form and ballot paper and that the Company may conduct background checks to verify the information provided. I also acknowledge that the Nominations Committee may request that I provide evidence of my skills and/or competencies. *Please limit your description to 600 words.*



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Executed by the nominee:

Signature:

.....

Date:

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**To be effective, a duly completed nomination must be received by the Company at its registered office no later than 5pm on Friday 5 March 2021.**

**The address of the Company's registered office is:**

**General Practice Training Queensland Limited  
Unit 1/32 Billabong St, Stafford Qld 4053  
PO Box 1275, Stafford Qld 4053  
P: 07 3552 8105 | F: 07 3552 8108 | E: [sdenaro@gptq.qld.edu.au](mailto:sdenaro@gptq.qld.edu.au)**