AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION

Board Election Nomination Form 2026

Australian Indigenous Doctors' Association Limited
Board Elections – Nomination Form

Election Year: 2026

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1. Position

Remember you must be an active AIDA financial member to nominate and vote. Please select the applicable position(s) you wish to nominate for:

President-Elect and Elected Director Positions

Director nominees may nominate for both President-Elect and Elected Director.

☐ President-Elect
☐ Elected Director

For candidates nominating for both President-Elect and Elected Director:

If not elected as President-Elect, do you wish to remain a candidate for election as an Elected Director?

☐ Yes
☐ No

Elected Director (Student) Position

Elected Director (Student) nominees may nominate only for the Elected Director (Student) position and are not eligible to nominate for President-Elect or Elected Director.

☐ Student Director

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2. Nominee Details

Full Name: _____

AIDA Membership Number (if applicable): _____

Postal Address: _____

Email: _____

Phone: _____

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3. Eligibility Declaration

I declare that:

☐ I am eligible to stand for the position(s) for which I have nominated. (See eligibility information at the end of this document.)

☐ I understand that:

- nominees for **President-Elect** may also nominate for **Elected Director**;
- nominees for **Elected Director (Student)** are eligible only for election as an Elected Director (Student) and are not eligible to nominate for President-Elect or Elected Director.

☐ I consent to being nominated for election to the position(s) selected above.

☐ I am not disqualified from serving as a director under any applicable legislation or the Constitution.

☐ The information provided in this nomination is true and correct.

Nominee Signature: _____

Date: _____ / _____ / _____

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4. Endorsement Details

All nominations require endorsement by two voting Members of AIDA.

Endorsement 1

Endorser Full Name: _____

AIDA Membership Number (if applicable): _____

Email: _____

Phone: _____

I confirm that I am eligible to nominate candidates for election and support this nomination.

Endorser Signature: _____

Date: _____ / _____ / _____

Endorsement 2

Endorser Full Name: _____

AIDA Membership Number (if applicable): _____

Email: _____

Phone: _____

I confirm that I am eligible to nominate candidates for election and support this nomination.

Endorser Signature: _____

Date: _____ / _____ / _____

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6. Candidate Statement

Please provide a statement (maximum 250 words) outlining:

- Your professional, academic or leadership background;
- Relevant governance, committee or board experience;
- Skills and expertise you would bring to the Board; and
- Your reasons for seeking election:

_____
_____
_____
_____
_____
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_____

Candidates are invited to provide brief biographical information, a photograph, and/or a short 60-second video, in support of their nomination. These must be submitted by email with this nomination form.

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7. Skills and Experience Matrix

Please indicate areas in which you have significant experience or expertise.

☐ Governance and Board Leadership
☐ Strategy and Planning
☐ Finance and Audit
☐ Risk Management
☐ Legal and Compliance
☐ Human Resources
☐ Clinical/Professional Practice
☐ Health Policy and Systems
☐ Education and Training
☐ Digital and Technology
☐ Advocacy and Stakeholder Engagement
☐ Membership Organisations
☐ Research and Innovation
☐ Student Representation *(Student Director applicants only)*
☐ Other: _____

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8. Additional Information for Elected Director (Student) Nominees

To be completed only by nominees for the Elected Director (Student) position.

Current Course/Program: _____

Expected Completion Date: _____

Educational Institution: _____

Describe your involvement in student leadership, advocacy, or representative activities (maximum 250 words):

_____
_____
_____
_____
_____
_____
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_____
_____
_____
_____

9. Privacy and Consent

The information collected on this form will be used solely for the administration of the Board election process and will be handled in accordance with the organisation's Privacy Policy.

☐ I consent to my candidate statement and photograph (if provided) being distributed to members as part of the election process.

☐ I consent to the organisation verifying my eligibility to stand for election.

Nominee Signature: _____

Date: _____ / _____ / _____

Submission Details

Completed nomination forms must be received by:

Closing Date: 12.00 noon AEST, Thursday 20 August 2026.

Submit by email to the independent Company Secretary, Amanda Boland of Business Governance Solutions, at amanda@businessgovernance.com.

Late or incomplete nominations will not be accepted.

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Returning Officer Use Only

Notes:

- Candidates may nominate for both **President-Elect** and **Elected Director**.
- Candidates elected as **President-Elect** are excluded from any subsequent count for **Elected Director** positions.
- **Elected Director (Student)** nominations are conducted as a separate election category.
- Elected Director (Student) candidates are not eligible to stand for President-Elect or Elected Director.

Date received: _____ / _____ / _____

Eligibility confirmed: ☐ Yes ☐ No

Returning Officer Signature: _____

AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION

Eligibility of Directors

1. All Candidates

A person is eligible for election as a Director if they:

a) are over the age of 18 years,
b) provide their signed consent to act as a Director,
c) are not ineligible to be a Director under law, including under the Corporations Act and the ACNC Act,
d) have a Director Identification Number, and
e) are not an employee of the Company.

Points (b) and (d) above will be arranged with successful candidates after the election is declared and before the candidate takes office.

2. President-Elect Candidates

In addition to the criteria in Section 1 above, candidates for President-Elect must be:

a) Voting Life Members or Indigenous Medical Graduate Members, and
b) a current Director or former Director who has served at least two consecutive years on the Board of the Company at any time since its incorporation.

3. Elected Director Candidates

In addition to the criteria in Section 1 above, candidates for Elected Director must be:

a) Voting Life Members, or
b) Indigenous Medical Graduate Members who have been Members in the class of Indigenous Medical Graduate Member and/or Indigenous Medical Student Member for at least eighteen consecutive months prior to their nomination for election.

4. Elected Director (Student) Candidates

In addition to the criteria in Section 1 above, candidates for Elected Director (Student) must be an Indigenous Medical Student Member.

An Elected Director (Student) who during their term ceases to be an Indigenous Medical Student Member may serve out the remainder of their term subject to the Director continuing as and remaining an Indigenous Medical Graduate Member.