

Australian Institute of Training and Development (AITD)  
**Divisional Council Elections Nomination Form 2017-2018**



|                              |  |
|------------------------------|--|
| Name:                        |  |
| Company / Organisation name: |  |
| Position Title:              |  |
| Postal address:              |  |
| Email:                       |  |
| Phone:                       |  |

**Disclosure of Actual, Potential and Perceived Conflicts of Interest\***

Council Members have a responsibility to conduct themselves without conflict to the interests of AITD. A conflict of interest is a transaction or relationship which presents or may present a conflict between a Council Member's obligations to AITD and their personal, business or other interests. All conflicts of interest are not necessarily prohibited or harmful to AITD. However, full disclosure of all actual, potential and perceived conflicts is required by all nominees for AITD Divisional Council.

| Name of Organisation / Company / Association / Interest | Description of your involvement<br><i>(e.g. member, employee, director, volunteer, committee member)</i> | Period of association<br><i>(e.g. 2010-present)</i> |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|                                                         |                                                                                                          |                                                     |
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**\*Definitions**

- **Conflict of interest:** An interest that may affect, or may appear reasonably likely to affect, the judgement or conduct of a Council Member, or may impair their independence or loyalty to the AITD. A conflict of interest can arise from gaining personal advantage or avoiding personal losses (financial or otherwise) and may not only involve the Council Member, but also their relatives, friends or business associates.
- **Interest:** Anything that can have an impact on an individual or a group.
- **Pecuniary Interest:** An interest that a Council Member has in a matter because of a reasonable likelihood or expectation of appreciable financial gain or loss to the Council Member or another person with whom the Council Member is associated.
- **Perceived conflict of interest:** Arises where a third party could form the view that a Council Member's private interests could improperly influence their role on the Council.
- **Potential conflict of interest:** Arises where a Council Member has private interests that could conflict with their responsibilities.
- **Private interests:** Includes not only a Council Member's own personal, professional or business interests, but also those of their relatives

## Nomination Consent and Declaration

I hereby nominate for a position on the Australian Institute of Training and Development (AITD) Divisional Council in the following Division:

ACT     NSW     Vic/Tas     Qld/NT     SA     WA

I declare that the information provided in the *AITD Divisional Council Election Nomination Form* is accurate and complete to the best of my knowledge.

I confirm that I have disclosed all relevant interests that may influence, or perceive to influence my role on Council.

I understand that if I am elected as an AITD Divisional Council Member, I am required to act in the best interests of AITD and its members at all times.

I commit to ensuring I remain a financial member of AITD throughout the Council term (1 September 2017 to 31 August 2018).

Name: \_\_\_\_\_ AITD Member #: \_\_\_\_\_

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

## Divisional Council Election Candidate Information

*In the event that an election is called, the following information will be published to assist members to select their preferred Divisional Council members. Even if you are currently a Divisional Council member, please use this space as an opportunity to introduce yourself to members who may not know you and your involvement with AITD.*

**I am located in:** (e.g city/town, region)

**I bring the following formal qualifications to the Divisional Council:**

**I bring the following experience and skills to the Divisional Council:** (max.200 words)

**My ambitions and beliefs as an AITD Divisional Council member are:** (max.100 words)

**This nomination form must be received by 5pm (AEST) FRIDAY 21 July 2017**

**POST:** Returning Officer, Suite 111, 410 Elizabeth Street, SURRY HILLS NSW 2010

**FAX** 02 9211 8784    **EMAIL:** (complete form, sign and scan) [membership@aitd.com.au](mailto:membership@aitd.com.au)

The Returning Officer will send a confirmation email to the email address you list on this form to notify you that your nomination has been received and logged.