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| 1 **SCHOOL / COLLEGE:**  |  |
| *2* **Nominee:**  *(full name)*  |  |
| 3 **Address:** |  |
| 4 **Occupation:**  |  | **Employer:**  |  |
| 5 **Contact:** (Telephone)  | *Home:* |  | *Mobile****:***  |  | *Work****:***  |  |
| *Email:* |  |
| 6 **Congregation:**  |  | **Denomination:** |  |
| 7 **Skill set / experience brought to governance (attach statement)** |
| 8 **Is the nominee related to any paid member of the school staff (F/T, P/T or Casual)? YES / NO** |
| 9 **Summary of service in congregation, parish or wider church (attach statement)**  |
| 10 **Summary of community service (attach statement)**  |
| 11 **Name of council member being replaced:**  |  |
| 12 **School / College Council referee contact:**  | *Name:* |  | *Contact details:*  |  |
| 13 **Is the nominee a communicant member of the LCA?** **YES / NO**  |
| 14 **If NO**, **please** **attach** the following in support of this nomination:* *A brief summary, outlining circumstances leading to the request for appointment of a non-Lutheran to this District School / College Council:*
	1. *identifying their specific expertise*
	2. *describing the process used to locate a Lutheran with those skills*
	3. *declaring that no suitable Lutheran member is available and that governance will be compromised by the vacancy not being filled.*
* *Copy of the resolution by the Council seeking to appoint this nominee*
* *Statement confirming that the nominee has committed to uphold the mission and subscribe to the objects of the governing body.*
* *Letter of endorsement from the nominee’s current minister.*
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| **SIGNATURES** |
| 15 **Nominee** | *Signature* | *Date* |
| 16 **Endorsed by School/ College Council Chair**  | *Please print name and include Signature* | *Date* |
| 17 **Signature of Pastor of home Congregation:** | *Please print name and include Signature* | *Date* |
| 18 **Forwarded by Principal** | *Signature* | *Date* |

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| **LEQ & LCAQD Use Only** |
| 19 **CLEQ** endorsement (referee check, including blue card check, conflict of interest, skill balance)  | Date: | District Church Council endorsement: | Date: | Term: - No. of Years  |  |
| Res. No: | Res. No: | Synodical Expiry Date |  |
|  Executive Director LEQ (signature) | Commencement Date:  |
|  | Date:  |
| 20 **Nominations Committee** **recommendation**: | Date:  | Chair of Nominations Committee:(signature)  |
| 21 **LCAQD distribution of appointment letter:**  | * Copy to Chair of School / College council (date sent):
 |
| * Nominee (date sent)
 | * Copy to LEQ (date sent):
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