

RDAQ BOARD NOMINATION FORM 2021

On behalf of the	RDA Centre (please print),
l, (p	lease print name), Chair / Secretary /
Treasurer (please circle) of the Association Management Committee wish	
(please pri position/s, as detailed in the RDAQ Board Me (Please tick)	
□ CONSUMER REPRESENTA	TIVE: NON-RIDING
	TIVE: RIDING
(NB financial members of a Member Centre can be nominated for more than one (1) position)	
Seconded By:	Seconded By:
Name:(print)	Name:(print)
Position:	Position:
Signature:	Signature:
Date: / /	Date: / /
I,	_ (the nominee) confirm that I am a financial t the nomination to the above position/s. I have by the position and submit the attached
Signature:	Date: / /
Nomination Forms must be emailed to rdaq.agm@gmail.com by Friday 19 th November 2021	



Skills and Experience

1. Please outline the relevant experience, skills, and qualifications (if any) you would bring to the nominated position/s (max. 300 words / dot points)

2. Please describe your understanding of the word "disability" and the role RDA centres can play in the lives of people living with disabilities in Queensland. (max. 300 words)



3. As a representative on the RDAQ Board, you will be asked to work with people from a range of professional and cultural backgrounds across a large geographic area, please describe how you would support them to deliver the best possible service to people living with disabilities in their area (max. 300 words)

4. Please outline previous experience you have had serving on an advisory committee & / or Board of Management. (max.200 words)

 I understand that I will be required to undertake an induction to the RDAQ Board
I understand that I may be asked to travel to workshops and or RDA Centres across Qld.
I understand that I will be required to submit a copy of my qualifications and my Police Clearance to the RDAQ office.