

NOMINATION FORM

For Election as an Equestrian Queensland Board Director

I, the undersigned, being a current financial Voting Member (Competitor Senior, Life, Honorary Life, Supporter or Participant Senior) of Equestrian Queensland Inc hereby nominate:

Mr/Mrs/Miss/Ms:

EQ Membership Number:

Phone: E-mail:

For Election as a Director of the Board of Equestrian Queensland Inc.

Name of NOMINATOR:

EQ Membership Number:

Signature of Nominator:

Date:

Name of SECONDER:

EQ Membership Number:

Signature of Seconder:

Date:

DECLARATION OF NOMINEE:

I, being a current financial Voting Member (Competitor Senior, Life, Honorary Life, Supporter or Participant Senior) of Equestrian Queensland Inc. agree to stand for election as a Board Director.

I currently hold a Queensland Government Blue Card (Working with Children Check) or I have recently submitted a new Blue Card Application.

Blue Card Number: Expiry Date:

Signature of Nominee:

Date:

PLEASE NOTE: ANY NOMINATION WILL BE INVALID IF ALL PERSONS NAMED HERE ARE NOT CURRENT FINANCIAL MEMBERS.

Please attach with your nomination a one page CV/Resume and a copy of your current Queensland Government Blue Card or your recent application for a Blue Card.

Nominations close at 4.30 PM on

Email OR Mail nominations to:

Thursday, 6 February 2025

Email: agm@equestrianqld.com.au

Equestrian Queensland
Sports House
Suite 1.05, 150 Caxton Street
MILTON, QLD, 4064



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We've Got You Covered!

MEMBERSHIPS

**RECREATIONAL
PARTICIPANT
SUPPORTER
COMPETITOR**

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 @EquestrianQLD
 @equestrian_qld

OUR VALUES



The Queensland Government provided \$200,000 to Equestrian Queensland through the Active Industry Fund to enable Queenslanders to participate in sport and recreation activities.



EQUESTRIAN
QUEENSLAND

NAME

When In less than 300 words please outline any background you have in equestrian sports and the skills you feel you can bring to the Equestrian Queensland Board.

Please note only this page, will be published on the website in support of your nomination for the **Equestrian Queensland Board**, providing the nomination form is completed correctly and meets the eligibility requirements.

Criteria

The following criteria should be applied by the individual to self-assess their knowledge, skill and ability against each of the skills required to be a Director of Equestrian Queensland Inc. :

Ranking System		
Score	Skill Level	Description
5	Expert	Fully capable and experienced Demonstrated ability to lead and train others Subject Matter Expert
4	Proficient	Capable and experienced Demonstrated proficiency
3	Demonstrating	Able to perform at a basic level Has some direct experience Needs assistance from time to time
2	Basic	Limited in ability and/or knowledge
1	None/Low	Limited to no experience

Please tick the appropriate box for each skill in the following box below:

	1	2	3	4	5
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategy & Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication & Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management & Commercial Acumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport Specific Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>