

# CALL FOR NOMINATIONS TO THE SPAWA EXECUTIVE & COMMITTEE

All positions on the Committee of the School Psychologists’ Association of Western Australia (Inc.) become vacant at the Annual General Meeting to be held at 4.15pm on Thursday 26 TH September 2019. The following positions on the committee will need to be filled:

President

Vice President

Secretary

Treasurer

Committee Member (General)

Please be advised that general committee members are usually responsible for a portfolio on the committee such as promotions, newsletter, technology and more. Experienced SPAWA committee members fill the Executive positions on the committee. So, if these roles interest you please sign up for a general position to learn about the committee, the role and the organisation and ensure a healthy organisation for years to come. Please note, that a nomination does not indicate that you will automatically become a member of the committee. If applications exceed the number of required committee members then a vote will commence.

If you wish to nominate for a position on the committee, please fill in the section below and return it to:

**Secretary**

**Chrystal Makene**

**Email-** [**Chrystal.Makene@education.wa.edu.au**](mailto:Chrystal.Makene@education.wa.edu.au)

**Phone – 9345 9200/ 0436 673 175**

**Mail – C/O Dianella Secondary College – 180 Nollamara Avenue, Dianella WA 6059**

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***NOMINATIONS MUST BE RECEIVED NO LATER THAN MONDAY 12THAUGUST 2019***

**School Psychologists’ Association of Western Australia (Inc.)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wish to nominate for the position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Must be a SPAWA Member)

Nominated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must be a SPAWA Member)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seconded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must be a SPAWA Member)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Office use only**

Receiving Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_