Director Nomination Form

Please email form to admin@gpra.org.au
or mail to GPRA Level 12, 360 Elizabeth Street, Melbourne VIC 3000
by 12:00pm (AEDT) 12 October 2026.

Nomination Form Board of Directors of the General Practice Registrars Australia (GPRA) Ltd.

I, (Name of Nominee): _____
hereby nominate for a Board Director Position on the General Practice Registrars Australia Ltd (GPRA) Board of Directors, for a 3 year term of office, commencing from the Annual General Meeting 29 November 2026.

I am eligible for the Director Position as I am a voting member of GPRA in accordance with GPRA Constitution.

GPRA Membership Number: _____

As a director, I understand that I shall be bound to act in the best interests of the Organisation as a whole and not in the interests of any particular Member or group of Members.
The following perceived or actual conflicts of interest should be noted and advised to members (if none please write NIL):

_____

_____

(Signature of Nominee): _____ Date: _____

1.) I, (Name of Seconder) _____
wish to second this nomination.

GPRA Membership number: _____ Signature: _____

2.) I, (Name of Seconder) _____
wish to second this nomination.

GPRA Membership number: _____ Signature: _____

Please Note: Seconders who are submitting their support via email on a separate form must specify the name of the candidate they are endorsing for their nominations to be considered valid.