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# NOMINATION FORM

## FUTURE LEADERS PROGRAM

Thank you for your interest in the **2017 IPAA ACT Future Leaders Program**. Please complete the details below for your application.

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Level:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Please tell us in 50 words or less why you would like to participate in the Future Leaders Program:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please confirm your nomination by checking the boxes and signing below:**

I have noted the dates, and confirm I am available to attend the majority of events

I have endorsement to participate and financial approval for \$690 (GST Inc) from my SES representative or equivalent.

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