



Gungarde Community Centre Aboriginal Corporation (I.C.N 148)



92 Charlotte Street

P.O. Box 6 Cooktown

Qld 4895

Phone: 07 40 695 412

Email: admin@gungarde.com.au

www.gungarde.com.au

ABN: 45180964190

BSI: HSQS 694234

Director nomination checklist 2025

- My Bluecard is attached
- My photo identification is attached (e.g. drivers licence, 18 plus card)
- My completed nomination form is attached
- My consent to become a director is attached

Please ensure you have all documents attached to prevent delays.

Lodge your completed form to:

Attention to the Chief Executive Officer

Post to: PO Box 6, Cooktown, QLD, 4895

Email to: admin@gungarde.com.au

In person: 92 Charlotte Street, Cooktown, QLD, 4895 (during business hours)

Have a question?

Please contact the Gungarde office on the above details our office staff will address your query.

Thank you for your interest



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Gungarde Community Centre Aboriginal Corporation

ICN 148

Consent to become a director form

I, _____ (full name of person)

of _____ (residential address, a postal address is not sufficient)

give consent to become a director of the corporation.

I confirm my date
of birth is _____ (date of birth)

and my place of
birth was _____ (place of birth)

my director ID is _____ (director ID number)

I declare that I am not disqualified from managing corporations, within the meaning of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act) and that I:

- have not been convicted of an offence under the CATSI Act that is punishable by imprisonment for more than 12 months
- have not been convicted of an offence involving dishonesty that is punishable by imprisonment for at least three months
- have not been convicted of an offence against the law of a foreign country that is punishable by imprisonment for more than 12 months
- am not an undischarged bankrupt
- have not signed a personal insolvency agreement and have not kept to the agreement
- have not been disqualified under the *Corporations Act 2001* from managing corporations,

and I agree to notify the corporation as soon as possible if any of the above events occur after my appointment.

Signature of person _____

Date _____

NOTE: This form should be completed and given to the corporation before the person is appointed as a director – section 246-10(1) of the CATSI Act.

The period of automatic disqualification is set out in sections 279-5 and 279-10 of the CATSI Act.



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NOMINATION FORM

ELECTION TO BOARD OF DIRECTORS

Name of Nominee:	
Organisation and Position:	
Address:	
Telephone Number:	
Email:	
Directors ID number:	

Skills & Experience

Please give details below of your skills & experience and indicate why you wish to be a member of the Gungarde Board.

Nominated By:	
Position:	
Organisation:	
Telephone Number:	
Email:	

I confirm I have gained the nominee's consent for their name and details to go forward

Signed:	
Date:	

Please return to: Gungarde Office by DATE: 2pm on 31/10/2025

Please note that this nomination will be invalid unless this form has been fully completed and submitted along with a fully completed Consent to become a director form, photo identification and Bluecard.