

**PII representative**

**Nomination Form**

**2016 / 2017**

**To be completed by nominator:**

|  |  |
| --- | --- |
| **I**  |  |
|  | *(name)* |
| **authorised by** |  |  |
|  | *(Member Centre)* | *(position)* |
| **nominate** |  |
|  | *(name)* |
| **of** |  |
|  | *(Member Centre)* |
| **for the position of Professional Indemnity Insurance (‘PII’) representative.** |
| *Signed* |  | Date |  |

**To be completed by nominee:**

|  |  |  |
| --- | --- | --- |
| **I** |  |  |
|  | *(name)* |  |
| accept this nomination to be the PII representative. |
| *Signed* |  | Date |  |

**Nominations for PII representative close on Friday 7 October 2016**

**Return completed form to** **director@communitylegalqld.org.au**