AUSTRALIAN RESUSCITATION COUNCIL

POSITION NOMINATION FORM

I, _____ wish to nominate for the position of;

- ☐ Chairperson
- ☐ Deputy Chairperson
- ☐ Secretary
- ☐ Treasurer
- ☐ Other _____

of the Australian Resuscitation Council (Queensland Branch) Inc

_____

(Signature of Nominee)

Dated this _____ day of _____ 2026

Proposer Name: .....

Proposers Signature: .....

Seconder Name: .....

Seconder Signature: .....

What would you like to achieve in this position:

How would you go about achieving these goals: