

ARBN: 633105736

**DTAA NOMINATION FOR EXECUTIVE POSITION – SECONDER APPROVAL**

Please complete this form, SAVE as your Name and email to the person you are Seconding the Nomination for. This form will then be uploaded to the Nomination Form as an attachment and submitted to DTAA.

I, **NAME HERE**, hereby **SECOND THE NOMINATION** of **NAME HERE** for the EXECUTIVE POSITION of **DTAA POSITION HERE.**

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| Signed by Seconder: |  |
| Full Name:  |  |
| Email Address: |  |
| DTAA Prof. Registration No.  |  |
| Date Signed: |  |