



MONSU Peninsula

2025 ANNUAL ELECTIONS

Monday 22 September – Wednesday 24 September 2025

NOMINATION FORM

PLEASE ENSURE YOU WRITE NEATLY AND USE BLOCK LETTERS ONLY

By signing this form you give consent to the Returning Officer to verify your personal details with the University to ensure you are eligible to stand as, nominate or second a candidate and you agree to adhere to the rules of the election as set down by the directions of the Election staff and the MONSU Peninsula Constitution. You also affirm that you identify a woman if you are running for Woman's Officer or identify as queer if you are running for Queer Officer.

By completing this form to stand as a candidate you also agree to the following statement:

"I affirm my right to campaign vigorously for election into office. I respect the rights of others to campaign just as vigorously. In opposing those whose viewpoint is different from mine, I may criticise their plans and policies, but I shall refrain from personal abuse and from questioning their honesty or their integrity. I acknowledge that the elections are conducted pursuant to the Election By-Law. I also acknowledge that I must abide by the University's discrimination and harassment policy in the conduct of my campaign. Additionally, if elected, I agree to complete a Working With Children

Check and provide the results of this check to the University, and to complete the Monash University Respectful Communities training as soon as practicable."

| CANDIDATE DETAILS | | | |
|--|--|----------------|--|
| First Name: | | Last Name: | |
| Student ID: | | Email Address: | |
| Address: | | | |
| | | | |
| Mobile Phone Number: | | | |
| Position: (please use separate forms for each position) | | | |
| Signature: | | | |

| NOMINATED BY | | SECONDED BY | |
|--------------|--|-------------|--|
| First Name: | | First Name: | |
| Last Name: | | Last Name: | |
| Student ID: | | Student ID: | |
| Signature: | | Signature: | |

Note: Nominators and seconders for autonomous positions (Women's or Queer Officer) must identify as being from that autonomous group and affirm that they are eligible by signing this nomination form.



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| | | | |
|--|--|-------------------|--|
| I NOMINATE TO SHARE THIS POSITION WITH (If sharing a position): | | | |
| First Name: | | Last Name: | |
| Student ID: | | Signature: | |

Office Use Only

Date Received: Time Received: Received By: