**2025 Elected Director**

**Nomination Form**

**Endeavour Foundation Limited**

Endeavour Foundation is seeking nominations from eligible individuals wishing to nominate for two Elected Director positions which will become open in November.

Full details of the Elected Director eligibility, nominations and elections process are contained within the [**Expression of Interest Information Pack for 2025 Elected Directors**.](https://emarketing-au.s3-ap-southeast-2.amazonaws.com/04095/8nIxsYyzbiCdjgD1h8Rf4h4k9f0r8eEnFlCJAQZnRLY/4035341.pdf)

Nominations for the Elected Director positions must be received by the Company Secretary by **5:00pm (AEST) on Thursday 28 August 2025.**

Any questions may be directed to the Company Secretary at:



companysecretary@endeavour.com.au



61 7 3900 5411

**How to submit a Nomination Form**

Nominations for the Director positions open on **Friday 8 August 2025**.

Nominations should include:

1. a completed Director Nomination Form (attachment A); and
2. a CV/resume.

Please send applications to [companysecretary@endeavour.com.au](mailto:companysecretary@endeavour.com.au). Alternatively, you can print out the form in this pack and send it to us by mail addressed to:

Nominations Committee

c/- the Company Secretary   
33 Corporate Drive

Cannon Hill

QLD 4170

All applications for Nominations must be received no later than 5.00pm (AEST) on **Thursday 28 August 2025**.

**Timeline**

1. Nominations for the Director positions close on 5.00pm (AEST) on **28 August 2025**.
2. Successful applicants will be interviewed the week of 8 September 2025.
3. The Board will then consider recommendations from the Nominations Committee.
4. Final nominees will be asked to provide a Bio for the Annual General Meeting (AGM) Notice.
5. AGM Notice, containing successful Board approved nominees, will be sent to all members who will elect two directors at the Annual General Meeting on **7 November 2025**.

**Attachment A**

Director Nomination Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Name** |  | | |
| **Address** |  | | |
| **Email Address** |  | **Telephone** |  |

In accordance with the Endeavour Foundation Constitution two current Members are required to nominate a person for a Director role. Members supporting this nomination are to provide their details and sign below.

|  |  |  |  |
| --- | --- | --- | --- |
| **1st Nominee’s Name** |  | | |
| **Member Number or Address** |  | **Telephone** |  |
| I nominate the Applicant for the position Director | | | |
| **Nominee’s Signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2nd Nominee’s Name** |  | | |
| **Member Number or Address** |  | **Telephone** |  |
| I nominate the Applicant for the position Director | | | |
| **Nominee’s Signature** |  | **Date** |  |

I declare that:

1. I am a current Member of Endeavour Foundation Limited (Endeavour Foundation), or seeking membership, at the time of completing this form and wish to nominate for the position of Director of the Endeavour Foundation Board;
2. I am not an employee of the Endeavour Foundation or any related entity;
3. I am not prohibited by law from being a director of a company and have not at any time in the preceding 12 months been disqualified by the Australian Charities and Not-for-Profits Commissioner;
4. all of the information submitted supporting my application is true and correct; and
5. my nomination is subject to appropriate screening including Police, Working with Children and NDIS Worker Screening checks.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Signature** |  | **Date** |  |

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| --- |
| **EXPRESSION OF INTEREST FORM** |
| Nominee Statement:  *Reason and motivation for your interest in being a Director and supporter of Endeavour Foundation* |
|  |
| Details of any Lived Experience  *Lived Experience means the perspective, knowledge, and understanding gained by an individual through their personal experiences as a person living with an intellectual disability, or as a close family member, guardian, care giver or advocate. This could include a family member, guardian or caregiver of a person with an intellectual disability, where their lived experience encompasses the day-to-day challenges, joys, and emotions that come with providing care and support for a person with a disability. It includes the practical knowledge and skills gained from navigating healthcare systems, education systems, and social services, as well as the emotional impact of caring for someone with an intellectual disability.* |
|  |
| Candidate’s Geographical Location |
|  |

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| --- |
| Current or Former Professional/Executive Experience |
|  |
| Current or Former Board Experience |
|  |
| Qualifications and relevant Professional Development  *For example: AICD Company Directors’ Course* |
|  |
| Specifically address the Skills, Experience and Qualities criteria in the Information Pack. *The Information Pack may be obtained from the website by contacting the Company Secretary.* |
|  |
| Conflicts of Interest  *Please provide details of any actual or potential conflicts of interest* |
|  |
| Referees  *Please provide at least two professional referees who are willing to be contacted to discuss your application.* |
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