**LGMA Queensland Propeller Programme**

**2023 Nomination Form**

**SECTION ONE: NOMINEE**

**Propeller Nominee**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** please circle Dr / Mr / Mrs / Ms / Miss / Other …………………………………………….. | | | |
| **Surname** |  | **First Name** |  |
| **Position** |  | **Organisation** |  |
| **Telephone** |  | **Mobile** |  |
| **Email** |  | | |

**Special Requirements** (please tick)

|  |  |
| --- | --- |
| Dietary  ❒Vegetarian ❒Vegan ❒Nut Allergy  ❒No Seafood ❒Dairy Free ❒Gluten Free  ❒No Pork ❒No Red Meat | Access (e.g. wheelchair)  ❒Yes  Details: |

**Age** (please tick) **Gender** (please tick)

|  |  |
| --- | --- |
| ❒18-25 / ❒26-35 / ❒36-45 / ❒46-55 / ❒56+ | ❒Female / ❒Male |

**Nomination Criteria (please attach and return the criteria with this form)**

1. Why the Propeller Programme? Please provide a short summary outlining why you wish to participate in the LGMA Queensland Propeller Programme.
2. Why you? Please provide a short summary as to why you believe you should be selected to participate in this programme, outlining the benefits to you personally and to your Council.
3. What do you want to achieve from participating in the Propeller Programme in terms of your development as a local government professional? Please provide specifics rather than general information.
4. Please provide a brief outline of your Educational / Professional Qualifications
5. Brief Work History

Participants in the Propeller Programme benefit from the diverse experience and outlook of other participants. Therefore, LGMA seeks to group participants in each intake to achieve this goal.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Title/Role | Period | Achievement  Reason for leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Nominee Acceptance**

I am aware of the travel and time commitments required to participate in this programme and will make every endeavour to attend all 9 sessions. I agree to committing additional time outside work hours for travel and to contribute to the workshops, memoir and group project.

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

I give my permission for photographs that are taken throughout the duration of the programme to be used in advertising for future programmes and presentations that LGMA Queensland deems appropriate.

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

**SECTION TWO: NOMINATOR/COUNCIL CEO**

**Nominator details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** please circle Dr / Mr / Mrs / Ms / Miss / Other …………………………………………….. | | | |
| **Surname** |  | **First Name** |  |
| **Position** |  | **Organisation** |  |
| **Telephone** |  | **Mobile** |  |
| **Email** |  | | |

**Nomination Criteria (please attach and return the criteria with this form)**

1. Please provide a short summary as to why you believe the Nominee should be selected to participate in the LGMA Queensland Programme (approx. 150-200 words).
2. What do you want the Nominee to achieve from participating in the Propeller Programme? Please be specific.

**Programme time commitment**

In addition to the 9 scheduled events, participants will incur travel time and be required to contribute additional time in preparation for the workshops, memoire and group project. For past participants this additional time requirement has been an additional 1-2 days per month over the duration of the programme. These time commitments do not include any incidental requirements such as meetings or travel considerations which will vary for every participant. Councils, and direct managers, should be supportive of the overall time commitment expected of participants.

**Nomination Approval**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Signature |  |
| Date |  |

**For further information:**

Lisa Hamilton

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