

**DEPUTY CHIEF INSTRUCTOR/ZONE ASSISTANT
NOMINATION FORM
DUE DATE – JUNE ANNUALLY**



Date entered:

I of the Zone
hereby nominate (nominee’s name).....

Full address:

Suburb/Town: Postcode:.....

Phone No: Email:

for appointment to the position of (please circle) **Deputy Chief Instructor** **Zone Assistant.**

Signed: DCI / ZA / Zone Exec Date:.....

Endorsed by: DCI / ZA / Zone Exec Date:.....

..... DCI / ZA / Zone Exec Date:

Acceptance declaration

I.....(nominee’s name) have read and agree to the following:

I have read the PCV Handbook of ByLaws, specifically rules 5.8 – 5.14 pertaining to roles/appointment of the Zone Chief Instructor and DCI/ZA Panel positions.

I have read and agree to abide by the PCV By Laws, Rules and Code of Conduct.

I understand I need to attend specific updating activities to be considered for reappointment

I understand this appointment is for a three year term expiring on.....

Signed(nominee).....Date.....

For DCI renewals, please indicate the update course attended over the previous 3 year period:

DCI/ZA State Workshop Location: Date:.....

PCAV Clinic Location: Date:.....

Zone Executive Nomination Approval (for DCI and ZA’s)

The above nomination for the position of Deputy Chief Instructor or Zone Assistant was approved by the Zone Executive Committee.

Date: Signed:Signed:.....

Please forward all approved/rejected nominations to the PCAV Office for submission to the CIP.

Chief Instructor’s Panel Endorsement (only for DCI’s)

This nomination for the position of Deputy Chief Instructor was endorsed by the Chief Instructors Panel on

Date: Signed:Signed:.....

Please forward this form to: PCAV - 73-75 Mackie Rd, MULGRAVE. VIC. 3170

Date entered: