

## AMPJP Canonical Stewards Formation Committee Nomination Form

First name:	Family name:
Email:	Phone:
Gender: ☐ Male ☐ Female ☐ Other	
<b>Aboriginality</b> : □ Aboriginal □ Torres Strait Island Islander	der ☐ Neither Aboriginal nor Torres Strait
MPJP affiliation (if any):	
Category of membership:  ☐ Current MPJP Canonical Steward from a MPJ	•
<ul> <li>Current MPJP Canonical Steward from a MPJ and</li> </ul>	P which sponsors health/aged care ministries;
☐ Formator (person with significant knowledge a context)	nd experience in formation, preferably in a MPJP
Please attach resume or provide relevant details	under the headings below:
Academic qualifications:	
Relevant experience/expertise:	
Other relevant professional background	
Three relevant referees	
Nominator	
First name:	Family name:
Email:	Phone:
I nominate this person on behalf of MPJP:	
Signed:	Date:
I accept this nomination and agree to operate in the best interests of all MPJPs, regardless of their MPJP, sector experience or other considerations.	
Signed:	Date: