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| **Candidate Information** | |
| **Name** | Click here to enter text. |
| **Home Address** | Click here to enter text. |
| **Home Phone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Work Phone Number** | Click here to enter text. |
| **Employment/Position** | Click here to enter text. |
| **Education** | Click here to enter text. |

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| **Previous Board or Committee experience (if any)** | | | |
| **Name of Organisation** | **Role** | **Date From** | **Date To** |
| Organisation | Role | Date | Date |
| Organisation | Role | Date | Date |
| Organisation | Role | Date | Date |
| Organisation | Role | Date | Date |
| Organisation | Role | Date | Date |
| Organisation | Role | Date | Date |
| Organisation | Role | Date | Date |
| Organisation | Role | Date | Date |

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| **Qualifications** | |
| Accounting/Finance | Law |
| Business/Commerce | Marketing/Communications |
| Governance | Primary/Public/Sexual Health |
| Human Resources | Research/Education/Training |
| Work Health & Safety |  |
| Other | |

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| **Skills - Governance** | |
| Corporate Governance | Financial Literacy |
| Clinical Governance | Policy Development |
| Strategic Management | Business Performance |
| Risk Manager | Compliance & Legal Responsibilities |

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| **Skills - Technical** | |
| Government Relationships | ATSI/LGBTI/CALD/Disability |
| Financial Investment | Primary/Sexual Health & Wellbeing |
| Information Technology | Branding & Marketing |
| Property/Asset Management | Research/Education/Trainiing |

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| **Affiliations or Organisations you belong to** | **Type** |
| Membership | Choose an item. |
| Membership | Choose an item. |
| Membership | Choose an item. |
| Membership | Choose an item. |
| Membership | Choose an item. |
| Membership | Choose an item. |
| Membership | Choose an item. |
| Membership | Choose an item. |

Short listed applicants will be required to undergo formal probity checks including a National Police Criminal Records check, an Australian Securities and Investments Commission Disqualification Register check, and a National Personal Insolvency Index check.

**Have you ever been a bankrupt or disqualified from owning a company or being a director of a company?**

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| Yes | No |

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| **If YES please give details** |
| Details |

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| **Please provide a 100 word capability statement that would be used on our website and in Annual Reports.** |
| Details |

**Please provide 3 referees with at least one from your current or past Board Chair.**

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|  | **Name of person** | | **Contact Details** |
| **1.** | Name | Contact details | |
| **2.** | Name | Contact details | |
| **3.** | Name | Contact detail | |

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| **Submitted By:** |
| |  |  |  |  | | --- | --- | --- | --- | | **Name:** | **Name**. | **Date:** | **Date**. |  |  |  | | --- | --- | | **Phone Number:** | Phone Number. |  |  |  | | --- | --- | | **Email:** | Email. | |