

Boab Health Services Board of Directors Application Form

Please complete the following:

Name:	
Address:	
Email:	
Telephone:	Work:
	Mobile:
Tertiary or Other Qualifications (if any):	
Memberships of Professional Bodies or registrations:	
Employment Experience: (you may wish to attach your CV)	
Experience as a director or committee member.	

Involvement with Community Organisations:	
Knowledge and Understanding of health issues in the Kimberley and Pilbara regions	
Experience in business and/or public sector management	

Understanding of the Role of a Not-for-Profit Company Director:	
Understanding of the role of Boab Health Services	
Other relevant experience or matters in support of your application:	
Referees. Please provide the Name, current title and contact details for two referees who can support your application.	

I can confirm that the information provided above is an accurate record and reflection of my skills and experience.		
Signature of Nominee		Date:

Closure date for applications:

Please forward to:

Private and Confidential

Attention: Chair

chris.phillips@boabhealth.com.au