**Board of Directors Application Form**

Please complete the following:

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Telephone** | **Work** |
| **Mobile** |
| **Tertiary or Other Qualifications (if any)** |  |
| **Membership to Professional Bodies or other registrations** |  |
| **Employment Experience****(you may wish to attach your CV)** |  |
| **Experience as a director or committee member** |  |
| **Volunteer experience** |  |
| **Knowledge and understanding of health care in remote areas** |  |
| **Your reason for wanting to be involved with 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.I declare that I am not aware of any lawful impediment to me being appointed as a director (responsible person) of Boab Health Services. I further declare I am not disqualified\* from managing a corporation or from being a responsible person and agree to notify the charity if I become disqualified in the future. Upon signing this nomination, I hereby consent to act as a director of Boab Health Services, should the nomination be accepted and the appointment resolved.\*You may be disqualified from being a Responsible Person if you:* have been disqualified by the Australian Charities and Not For Profits Commission in the past year, or
* are disqualified from managing a corporation within the meaning of the *Corporations Act 2001*(Cth). This may occur if you:
	+ have been convicted of certain offences, such as serious offences, dishonesty offences or other offences that can affect a corporation,
	+ are an undischarged bankrupt or are subject to a ‘personal insolvency agreement’ you have not followed, or
	+ have been disqualified by the Australian Securities and Investments Commission (ASIC), the Office of the Registrar of Aboriginal and Torres Strait Islander Corporations (ORIC), or an Australian or New Zealand court.
 |
| **Signature of Nominee** |  | **Date:** |

**Closure date for applications:**

**Please forward to:**

***Private and Confidential***

**Attention: Chair**

**ceo@boabhealth.com.au**