

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	

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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	

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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				
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 <i>Corporations Act 2001</i> (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 undis or 	indischarged bankrupt or are subject to a 'personal insolvency agreement' you have not followed,			
	Registrar of Aboriginal and Torres Strait Islander Corporations (ORIC), or an Australian or New Zealand			
Signature of Nominee		Date:		

Closure date for applications: 06/05/24

Please forward to: Private and Confidential Attention: Chair ceo@boabhealth.com.au