



GWH BOARD APPLICATION FORM

Name		
Date of birth		
Address		
Contact details (please use tick box to indicate preferred method of contact)	Mobile <input type="checkbox"/>	
	Work <input type="checkbox"/>	
	Home <input type="checkbox"/>	
	Email <input type="checkbox"/>	
Gender		
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes - Both Aboriginal & Torres Strait Islander	
It is the policy of GWH to accept applications from women with culturally diverse backgrounds. Are there any cultural requirements that you would like us to be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe how GWH can assist?	
It is the policy of GWH to accept applications from women with additional needs and/or disabilities and to attempt to meet reasonable/appropriate work/volunteer related requirements for employees and volunteers. Are there any additional needs that we can accommodate for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe and indicate how GWH can help adjust and minimize barriers that may affect your participation?	
Are you a current Association Member of Gippsland Women's Health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you read the Related Parties and Conflict of Interest Policy and completed the Conflict of Interest Disclosure Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware of any conflict of interest you may experience by being a member of this Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they?	



Employment Status	
Most Recent Employment Position	
Qualifications	
Police Check provided	<input type="checkbox"/> Yes <input type="checkbox"/> No Please note all new Board Members are required to provide a Police Check that has been issued in the last 12 months.
Please indicate the relevant skills or experience you possess (tick one or more)	<input type="checkbox"/> Clinical Governance <input type="checkbox"/> Stakeholder relations <input type="checkbox"/> Risk and Compliance <input type="checkbox"/> Health or Social Services Industry <input type="checkbox"/> Corporate Governance <input type="checkbox"/> Policy Development <input type="checkbox"/> Executive management <input type="checkbox"/> Finance <input type="checkbox"/> Industrial Relations <input type="checkbox"/> Marketing and Communications <input type="checkbox"/> Australian Institute of Company Directors <input type="checkbox"/> Information Communication Technology <input type="checkbox"/> Legal <input type="checkbox"/> Board/Director Experience <input type="checkbox"/> Government Relations <input type="checkbox"/> Registered Practitioner i.e. health practitioner, CPA, lawyer <input type="checkbox"/> Community Engagement <input type="checkbox"/> Strategic planning
Please indicate any additional skills or experience you possess	
Please indicate any Committees/Boards or Director roles you have previously participated in or currently participating in	
Please list any community activities/volunteering you are involved in and your level of participation	
Please indicate why you wish to join this Board and what you would like to achieve during your time on the Board:	



Name of Referee	Position or Company Role	Contact number

PLEASE INCLUDE YOUR RESUME AND ANY OTHER INFORMATION YOU CONSIDER APPROPRIATE

If appointed to the Gippsland Women's Health Board of Management, I hereby give permission for my personal information to be used in Gippsland Women's Health publications and promotions in relation to Board activities.

Signature _____

Date ___ / ___ / ___

Note: In accordance with Gippsland Women's Health Privacy Policy, any personal information related to Board applications will be destroyed if your application is unsuccessful.