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| **Personal Details** | | | |
| **Full name** |  | **Date of birth** |  |
| **Address** |  | | |
| **Contact number** |  | | |
| **Email address** |  | | |

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| **My Region**  ***(please tick the Region for which you are seeking a Directorship)*** | | | | |
| Region 1 | Region 2 | Region 3 | Region 4 | Region 5 |

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| **Declaration**  ***(please tick Yes or No to each statement)*** | | |
| **I declare that I am eligible for nomination based on the following:** | | |
| I am at least 18 years of age | Yes | No |
| I am a member of Apunipima | Yes | No |
| I am of Aboriginal and/or Torres Strait Islander descent | Yes | No |
| I reside in the region for which I am nominating | Yes | No |
| I am not an employee of Apunipima | Yes | No |
| I hold a Director ID or am willing to apply prior to appointment if I am elected. I acknowledge that I cannot be appointed as a Director without a Director ID. | Yes | No |
| I do not have a conviction for an offence which involves dishonesty and is punishable by imprisonment for at least three (3) months | Yes | No |
| I am not an undischarged bankrupt or have not entered into a personal insolvency agreement under Part X of the Bankruptcy Act 1966 (Cth) and the terms have not been fully complied with | Yes | No |
| I will undergo a police check to confirm there is no criminal history which would be sufficiently serious to prevent me from holding office as Director; | Yes | No |
| I hold a current and valid Blue Card or am eligible to hold a Blue Card | Yes | No |
| I am not otherwise disqualified from managing a company | Yes | No |
| **I understand that by submitting this nomination, should I be elected as Director for Apunipima, I commit to:**   * attending no less than 85% of Board Meetings; * participating fully on Board Committees as assigned; * reading the necessary document ahead of time and being prepared to discuss the issues at hand; * meeting with each Health Action Team in the communities within my region at least once each year; and * advocating on behalf of Apunipima.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Person Nominating for Board Directorship) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date)  **Nomination Support *(An Apunipima member who resides within the Region must support the nomination)***  I confirm that I am a member of Apunipima and support this nomination. I reside in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of community) and confirm that the nominee resides in my community.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Apunipima Member) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date) | | |

**SELECTION CRITERIA**

Please provide a brief history of your skills, experience and reasons for nominating for a Director of Apunipima Cape York Health Council. You should include any information relating to your experience of living in Cape York, any qualification you have, any other positions you hold as well as the skills you feel you can bring to your role as Director.

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| **Skills and Experience**  ***Your response should relate to your skills or experience in the areas of Health, Governance, Finance, Community Development, Community Engagement and Leadership*** |
|  |
| **Personal Attributes**  ***Please complete each section*** |
| **Outline your local, regional and community connections or networks that will support the work of Apunipima:** |
| **Outline how your values align with the Apunipima Values of accountability, integrity and respect:** |
| **Outline your understanding of Apunipima’s Vision and Purpose and what the organisation is working to achieve:** |
| **Outline your ability to meet the time commitments of an Apunipima Director:** |
| **Outline why you want to be a Director of Apunipima:** |
| **Qualifications**  ***Summarise any qualifications that may be relevant as a Director of Apunipima*** |
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