

EXPRESSION OF INTEREST NOMINATION FORM FOR MEMBER NSW HEALTH BOARD / COMMITTEE

The NSW Government is committed to ensuring appropriate representation of women, people of culturally diverse backgrounds, Aboriginal and Torres Strait Islander people, people with a disability and young people on Government Boards and Committees.

Board / Committee	Medical Services Committee		
FULL name and title	Title:	Family Name	all Given Name/s:
Post-nominals			
Residential Address			
Telephone No.	Mobile: Work/Home:		
Personal Email Address			
Are you a member of any other NSW Government boards or committees?	<input type="checkbox"/> Yes (please list) <input type="checkbox"/> No		
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Do you identify as belonging to one of these groups?	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Young person under 25 years of age		
Culturally and linguistically diverse (please specify ancestry)			
Skills mix / specialty			
Are you an employee of the NSW Government (full-time or part-time)? If yes, please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Organisation name: Your position title:	
Please provide 2 referees:	Referee 1 Name: Title: Role: Contact number:		Referee 2 Name: Title: Role: Contact number:
Are you named in the NSW Lobbyist register: http://www.lobbyists.elections.nsw.gov.au/LobbyistsOnlinePortal	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide details		
Please attach your current curriculum vitae (maximum 5 pages) to this nomination form, which includes all relevant qualifications and experience relevant to the Board position.			

DECLARATION

I declare that:

- i) I have never been, nor am I currently insolvent and
- ii) I have not been disqualified from acting as a director or acting in the management of a company.

I grant permission for inquiries to be made to establish the accuracy of any of the information provided by me in this form and accompanying attachments and to determine my suitability for nomination and I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that the Office of the Minister for Health and assessment panels may make these inquiries of any persons or organisations they consider appropriate.

By signing this declaration, I acknowledge that I will be required to grant permission for the conduct of probity checks if I am shortlisted for appointment to a board or committee, which may consist of:

- a national criminal record check Australia wide by the National Police Checking Service - CrimTrac
- a check of the Australian Securities and Investment Commission (ASIC) Register of persons prohibited/disqualified from managing corporations under the provisions of the *Corporations Act 2001 (Cth)*
- a check of the Australian Financial Security Authority (AFSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1996*.
- a check of the Australian Securities and Investment Commission (ASIC) Enforceable Undertakings Register which lists undertakings made by people and companies which are enforceable in a court, generally accepted as an alternative to civil or administrative action where there has been a contravention of the legislation which ASIC administers, that is *ASIC Act 2001* or *National Consumer Credit Protection Act 2009*.
- a check of the NSW Electoral Commission Lobbyist Register

I also consent to the NSW Ministry of Health's collection of the information (including any sensitive information such as ethnic origin) as part of administering appointments to statutory authorities and advisory committees. This information may be included in submissions to the Department of Premier and Cabinet and retained on the DPC GOView database and shared with other public organisations.

Signature: _____

Date: _____

Once completed, this expression of interest form (including your curriculum vitae) should be submitted by email to the Ministry of Health, Corporate Governance and Risk Management Unit at NSWH-boardappointments@health.nsw.gov.au