

Membership - Local Health District and Specialty Network Boards

INSTRUCTIONS

In order to be considered for appointment as a **Member** of a Local Health District and Specialty Network Boards, please complete this form and together with an up to date Curriculum Vitae (maximum of 5 pages) submit both your completed EOI form and your Curriculum Vitae to the Corporate Governance & Risk Management Unit in the Ministry of Health email: NSWH-BoardAppointments@health.nsw.gov.au

1. Full name	Family Name:	Given Name/s:	Title:
2. Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	3. Date of Birth:	(dd/mm/yyyy)
4. Address	Residential:	No/Street:	
		Suburb/Town:	
		State:	Postcode:
		Country:	
	Postal: <small>(if same as Residential Address, write 'As Above')</small>		
5. Contact details <small>Contact details will be retained and used only for contacting you in relation to this application.</small>	Telephone No.	Mobile:	Business:
			Private:
	Email:		
6. Are you a member of any other <u>NSW Government</u> boards or committees?	Yes No	6a. If yes, please list:	
7. Do you identify as belonging to one of these groups?	Aboriginal or Torres Strait Islander Person with a disability Person from a non-English speaking background		
8. What is your Ancestry? <small>English, Irish, Italian, German, Greek, Chinese, Australian etc</small>			
9a. Are you an employee of the NSW Government?	Yes No		
9b. Are you an employee of NSW Health?	Yes No	9c. If yes, please name the health agency	
10a. Formal qualifications <small>Please list (400 characters)</small>			
10b. Affiliations with universities, clinical schools & research centres <small>Please list if applicable (400 characters)</small>			
11. Please provide the names and daytime contact numbers of 2 referees that are willing to support your application	1. Referee Name:		Contact Telephone No.:
	Title/Position:		
	2. Referee Name:		Contact Telephone No.:
	Title/Position:		

EXPRESSION OF INTEREST FORM

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14. Please indicate the Local Health District you are applying for the position of Member by placing no. 1 in the adjacent box. If you are interested in being considered for more than one Local Health District or Specialty Network Board please rank your preferences (eg 1, 2 ,3). Please limit your preferences to no more than 5 boards

<input type="checkbox"/> Sydney	<input type="checkbox"/> Hunter New England
<input type="checkbox"/> South Western Sydney	<input type="checkbox"/> Murrumbidgee
<input type="checkbox"/> South Eastern Sydney	<input type="checkbox"/> Southern NSW
<input type="checkbox"/> Illawarra Shoalhaven	<input type="checkbox"/> Western NSW
<input type="checkbox"/> Western Sydney	<input type="checkbox"/> Far West
<input type="checkbox"/> Nepean Blue Mountains	<input type="checkbox"/> Mid North Coast
<input type="checkbox"/> Northern Sydney	<input type="checkbox"/> Northern NSW
<input type="checkbox"/> Central Coast	Justice Health & Forensic Mental Health Network
	Sydney Children's Hospitals Network

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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 Ministry of Health and selection 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 LHD Board or Specialty Network Board which will 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 Insolvency and Trustee Service Australia (ITSA) National Personal Insolvency Index which contains information about proceedings and administrations under the Bankruptcy Act 1996.

I also consent to the Ministry's collection of the information (including any sensitive information such as racial or ethnic origin) as part of administering appointments to statutory authorities and advisory committees. This information may be included in submissions to Cabinet and shared with other public organisations.

Signature:

Date:

Expressions of Interest may be submitted by:

Email: NSWH-BoardAppointments@health.nsw.gov.au

Post: Attn: EOI Membership NSW Health Boards
Corporate Governance & Risk Management Unit
NSW Ministry of Health
LMB 961 North Sydney NSW 2059