



Health

2021 Expression of Interest Form
NSW Health Local Health District and Specialty Network Board Register

INSTRUCTIONS

To be considered for inclusion on the NSW Health Local Health District and Specialty Network Board Register, submit your completed EOI form **and** your current Curriculum Vitae (maximum of 5 pages) to the Ministry of Health email: NSWH-BoardAppointments@health.nsw.gov.au

1. CONTACT DETAILS

Title	First Name	Middle Name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Preferred name	Post Nom
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number	Alternative Number/s	
<input type="text"/>	<input type="text"/>	
Email	Date of Birth	
<input type="text"/>	<input type="text"/>	

Residential Address

Unit / street no / street	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>

Postal Address (leave blank if same as residential address)

Unit / street no / street	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>

2. DEMOGRAPHICS

Gender	Male	Non-binary/other
	Female	Choose not to answer

Do you identify as a member of any of these groups	People with disability / special needs Aboriginal and/or Torres Strait Islander Culturally and Linguistically Diverse (CALD)
--	--

Please indicate your ancestries if CALD	
---	--

3. QUALIFICATIONS AND EXPERTISE

Please use the text box below to outline your formal qualifications (400 characters)

Please use the text box below to list any affiliations with universities, clinical schools and/or research centres (400 characters)

Are you a member of any other **NSW Government** boards or committees?

If yes, please list

Are you a NSW Government employee?

(includes NSW Health)

If yes

the organisation name

your position title

3. QUALIFICATIONS AND EXPERTISE continued

Nominate the **single** area of expertise where you consider you can provide your most significant contribution

Corporate Governance (e.g. legal, compliance, strategic planning, audit, risk management, organisational culture & ethics)

Health management/health administration

Business/financial management/public administration (e.g. asset management, accounting, information technology, human resources, marketing and senior public sector management)

Clinical practice/provision of health services to patients (medical, nursing, allied health and other health professionals/paraprofessionals)

Expertise, knowledge or experience in relation to Aboriginal health

Understanding of local community issues

Understanding of or experience in primary care

Please use the text box below (add pages if required) to provide details of your skills and experience in your nominated area of expertise (2000 characters)

4. BOARD PREFERENCES

Please indicate the Board you wish to apply for position of Member by selecting no.1.

If you wish to be considered for more than one Board (maximum 5) please rank your preferences in order 1,2,3,4,5

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

Are you willing to be contacted in the future for other board or committee appointment opportunities in NSW Health?

5. CHAIRPERSON

There may be vacancies on some Boards for the role of Chairperson.

Do you wish to be considered for a Board Chairperson position now or in the future?

If yes, please answer the following two questions, if no please proceed to **section 6 Referees**

Please use the text box below to describe your skills and experience that demonstrate your capacity to provide leadership and strategic vision in the governance of a large public sector service delivery organisation (2000 Characters)

Please use the text box below to describe your skills and experience that demonstrate your capacity to represent the interests of consumers of health services and the local community (2000 Characters)

6. REFEREES

Please provide the name and daytime contact number of 2 referees willing to support your application

1. Referee Name

Daytime contact number

Title/Position

2. Referee Name

Daytime contact number

Title/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 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.

Full name or E-Signature

Date of Declaration:

Expressions of Interest with Curriculum Vitae 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 2030 St Leonards NSW 1590

Where did you hear about the Expression of Interest?