



Health

2022 Expression of Interest Form
NSW Health - Regional Health Ministerial Advisory Panel

INSTRUCTIONS

Please submit your completed EOI form **and** your current Curriculum Vitae (maximum of 5 pages) to the Ministry of Health via email to: 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	
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3. QUALIFICATIONS AND EXPERTISE

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

4. 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

5. QUALIFICATIONS AND EXPERTISE continued

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

Providing medical and clinical care relevant to regional health service

Complex health service delivery

Community engagement and capacity building

Digital solutions in rural and regional areas

Health funding and financing

Culture and change management

Regional health workforce strategies

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)

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; and
- III. I will provide evidence of my vaccination status, as required by NSW Public Health (COVID-19 Vaccination of Health Care Workers) Order.

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 Regional Health Ministerial Advisory Panel, 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?