

Expression of Interest Form

NSW Health – Voluntary Assisted Dying Board



Instructions:

If you would like to be considered for future vacancies, please submit your completed expression of interest application form and an up-to-date CV to the NSW Ministry of Health (see submission details at the bottom of this form).

1. CONTACT DETAILS:

Title: _____ First Name: _____

Middle Name(s): _____ Surname: _____

Preferred Name: _____ Post Nom: _____

Contact number: _____ Alternative number/s: _____

Email: _____ DOB: _____ (dd/mm/yyyy)

Residential Address

Unit no: _____ Street no: _____ Street: _____

Suburb/town: _____ State: _____ Postcode: _____

Postal Address (leave blank if same as residential address)

Unit no: _____ Street no: _____ Street: _____

Suburb/town: _____ State: _____ Postcode: _____

2. DEMOGRAPHICS:

Gender:

☐ Male☐ Female☐ Non-binary/other☐ 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)

Expression of Interest Form

NSW Health – Voluntary Assisted Dying Board



3. POSITION:

Please indicate which position you are interested in applying for should positions become available in the future:

Chairperson

Deputy Chairperson

Board Member

Note: You may apply for more than one position. To be eligible to be the Chairperson and Deputy Chairperson of the Board you must be an Australian legal practitioner with at least 7 years' legal practice experience and a Judge or other judicial officer, or a former Judge or other judicial officer, of a superior court of record of the State or of another State or Territory or of Australia (or qualified to be appointed as such).

4. QUALIFICATIONS AND EXPERTISE:

Please indicate your profession:

Judge or other judicial officer, or a former Judge or other judicial officer, of a superior court of record of the State or of another State or Territory or of Australia, or qualified to be appointed as such.

Medical practitioner

Other: _____

Please use the text box below to outline your formal qualifications (half page):

Expression of Interest Form

NSW Health – Voluntary Assisted Dying Board



4. QUALIFICATIONS AND EXPERTISE (cont.):

Please use the text box below to outline your knowledge, skills or experience relevant to the Board's functions (one page):

Expression of Interest Form

NSW Health – Voluntary Assisted Dying Board



5. OTHER MATTERS:

Board meetings are held twice-weekly in-person in St Leonards. Please confirm you will be able to regularly travel to St Leonards to participate in meetings of the Board:

Yes No

Note: Reimbursement for reasonable out of pocket expenses, such as travel and accommodation, will be consistent with the NSW Department of Premier and Cabinet's NSW Government Boards and Committees Guidelines.

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

Yes No

If yes, please list _____

Are you a **NSW Government** employee?

Yes No

If yes, please list: Organisation name: _____

Your position title: _____

6. REFEREES:

Please provide the name, email and daytime contact number of two referees willing to support your application

Referee 1:

Name: _____

Title/position: _____

Relationship: _____

Email: _____

Daytime contact number: _____

Referee 2:

Name: _____

Title/position: _____

Relationship: _____

Email: _____

Daytime contact number: _____

Expression of Interest Form

NSW Health – Voluntary Assisted Dying Board



7. 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 that I have received two COVID-19 vaccinations or evidence that I have a medical contraindication to all COVID-19 vaccinations.

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 the Voluntary Assisted Dying 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.

Privacy Notice under the *Privacy and Personal Information Protection Act 1998* ("the PPIP Act")

The primary personal information and secondary personal information (see definitions below) in this form is being collected by the NSW Ministry of Health (contact details below) for the purpose of seeking approval for your appointment to a public sector board or committee, a Public/Statutory Office, or an Executive Agency Head.

For the purpose of seeking approval for your appointment, this information will be uploaded into the "GOView database", which is managed by The Cabinet Office (contact details below). It will also be provided to Cabinet or to the Minister responsible for approving the appointment.

If necessary for the purpose of seeking approval for the appointment, it may be provided to other public sector agencies. In providing the information in this form, you consent to it being disclosed to those persons or agencies for the purpose of determining your appointment nomination.

Expression of Interest Form

NSW Health – Voluntary Assisted Dying Board



In the event that you are nominated or considered for a further or different board or committee in the future, you also consent to the use/disclosure of your personal information as above, for the purpose of seeking approval for that appointment.

You are not required by law to provide the information in this form. However, if you choose not to provide the primary personal information, your appointment will not progress to the approval stage. Provision of the secondary personal information will not affect the consideration of your nomination (See definitions below).

In providing this information, you accept that your secondary personal information may be used for the purpose of reporting on diversity and inclusion practices and statistics across NSW Government boards and committees. Such reports may be provided to the Premier, Parliamentary Secretary, Ministers, or other NSW Government agencies. This is directed to supporting agencies and Ministers to consider diversity representation on boards and committees and look for opportunities to increase board and committee diversity. However, your name would not be included in any such statistical reporting.

In providing this information, if your appointment is successful, you consent to the use of your name and remuneration for the purpose of filling upcoming vacancies in NSW Government appointments when your term expires. You also consent to the publication of your name and remuneration on TCO's website list of current board and committee members and other NSW Government appointments.

You have the right to obtain access to your personal information under s. 14 of the PPIP Act. If the information held by a public sector agency is inaccurate, irrelevant, not up to date, incomplete, or misleading, you have the right to request that it be amended under s. 15 of the PPIP Act.

Primary personal information means:

- Full Name
- CV
- Suburb/postcode of residence
- Year of birth
- Email address
- Telephone number
- Mobile number.

Secondary personal information means:

- Gender
- Aboriginal and Torres Strait Islander status (ATSI)
- Culturally and Linguistically Diverse status (CALD)
- Person with a Disability (PWD).

Expression of Interest Form

NSW Health – Voluntary Assisted Dying Board



Contacts:

NSW Ministry of Health

Corporate Governance & Risk Management Unit
Legal and Regulatory Services
NSW Ministry of Health
1 Reserve Road
St Leonards NSW 2065

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

The Cabinet Office

Appointments, Boards and Committees Team
Cabinet and Governance
Office of the General Counsel
52 Martin Place
SYDNEY NSW 2022

Email: boards@tco.nsw.gov.au

Full name or E-signature: _____

Date of declaration: _____ (dd/mm/yyyy)

To finalise your application, you must submit a completed expression of interest application form and an up-to-date CV to the NSW Ministry of Health via email or post:

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

Post: Attn: EOI Membership NSW Health Boards
Corporate Governance and Risk Management
NSW Ministry of Health
Locked Mail Bag 2030
St Leonards NSW 1590

Where did you hear about the Expression of Interest?: _____