Please complete and return this form along with your resume, cover letter and any other associated documentation.

POSITION	Committee of Management		
PERSONAL DETAILS	Given name(s) :	Surname:	
	Address:		
	Contact number:		
	Email:		
	Do you identify as Aboriginal or Torres Strait Islander? Yes ☐ No ☐		
	Country of birth:		
RELEVANT BACKGROUND & EXPERIENCE	BACKGROUND	DATES	COMMENTS
	Briefly describe your professional background and experience relevant to board governance &/or palliative care:		
RELEVANT QUALIFICATIONS	NAME	YEAR	ORGANISATION
	:		
POLICE CHECK & DIRECTOR ID NO.	National Police Check: Yes ☐ No ☐ (less than six (6) months old)	Director Id No.(if available)	

		1st Referee	2nd Referee
REFEREES Please provide two (2) relevant referees	Name:		
	Position:		
	Organisation:		
	Contact number:		
	Email address:		

INTEREST IN THE ROLE
Why are you interested in joining the Committee of Management? Briefly outline your motivation and what you hope to contribute.

SKILLS, EXPERTISE OR PERSPECTIVES *Which of the following would you bring to the Committee?*

- Governance/Leadership
- Clinical Governance
- Palliative Care
- Legal/Risk Management
- Community Engagement
- Marketing/Fundraising
- HR/People Management
- Strategic Planning
- Diverse background……
- Other (please state)……

AVAILABILITY & COMMITMENT *Are you able to attend regular meetings?*

Committee meetings are currently held monthly commencing at 5.30pm. Sub-committee meetings are held bi-monthly or quarterly, depending on the sub-committee. From time to time there are extra meetings and events, such as the AGM, strategic planning,

☐ Yes

☐ No

☐ Unsure

CONFLICT OF INTEREST

Do you have any potential conflicts of interest we should be aware of?

☐ Yes

☐ No

☐ Unsure

If yes please detail:

DECLARATION BY THE APPLICANT

I confirm that the information provided above is accurate and complete to the best of my knowledge.

Signature: Date:

Privacy: Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application, your form will become a personnel record. If you are unsuccessful, your application form will be destroyed.

Please return completed form to:
admin@gvhospice.org.au
Or
GV Hospice, 102 Balaclava Road, SHEPPARTON 3630