|  |  |
| --- | --- |
| **Personal Details** | |
| First Name |  |
| Last Name |  |
| Mobile |  |
| Email |  |
| Address |  |
| LinkedIn Profile hyperlink |  |

|  |
| --- |
| **Career Overview**  Summarise your career to date in no more than one paragraph (your ‘elevator pitch’) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Experience Summary**  (List details of the positions you’ve held throughout your career in reverse chronological order. There is no need to go back further than 15 years unless prior experience will support your application.) | | | |
| Dates  (from date to date) | Position Title | Organisation /  Company | Location  (City + State/Territory OR City+Country if Off-shore) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Academic/Tertiary Education**  (List your formal education qualifications in reverse chronological order. If none, type N/A in the first row.) | | |
| Qualification | Institution | Year of Graduation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Other Relevant Qualifications**  (List other qualifications relevant to your application in reverse chronological order. If none, type N/A in the first row. Include qualifications from recognised Board Governance education providers if you have them.) | | |
| Qualification | Institution | Year of Graduation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Relevant Professional Memberships**  (List current professional memberships relevant to your application in reverse chronological order. If none, type N/A in the first row.) | |
| Membership status | Institution / organisation |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **What are the top 3 key strengths/skills that you could bring to the board as a Member Director?** |
| 1. |
| 2. |
| 3. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference Checks**  Reference checks will be conducted in a legal and ethical manner and all information derived will remain confidential. Please provide details of three relevant people who can speak on your behalf regarding your application for the role of Member-Director. | | | | |
| Name | Email | Phone | Relationship (e.g. manager, fellow Board member) | Organisation  (where relationship was established) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Do you agree to have referees contacted in relation to your application?**  Please tick.  Yes  No |

# **Declaration**

I declare that, to the best of my knowledge, the information supplied in this form and other supporting documents is true and correct.

I understand that my application to serve as a Member-Director does not guarantee an endorsement of my candidature nor guarantee appointment to the Board.

Signed Dated