



WELLINGTON ABORIGINAL CORPORATION HEALTH SERVICE

ICN: 792

Nomination / Consent to become a Regional Advisory Committee Member / Director

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

SECTION A – PERSONAL DETAILS

I, _____ (print full name)

of: _____ (print residential address, a postal address is not sufficient)

Phone: _____ (print telephone number)

Email: _____ (print email address)

nominate and, if appointed, give consent to become a Regional Advisory Committee Member and Director (if appointed by the Regional Advisory Committee) of the Corporation.

I confirm my date of birth is _____ (date of birth)

My place of birth is _____ (place of birth)

My Director Identification Number is _____ (director identification number)

Initial _____



SECTION C – RELEVANT EXPERIENCE AND/OR QUALIFICATIONS

(insert details of relevant experient/qualifications for the role of director)

SECTION D – ACKNOWLEDGEMENTS AND SIGNATURE

I **acknowledge** I am automatically disqualified from managing corporations if I:

- have been convicted of an offence under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (the Act) that is punishable by imprisonment for more than 12 months;
- have been convicted of an offence involving dishonesty that is punishable by imprisonment for at least three months;
- have been convicted of an offence against the law of a foreign country that is punishable by imprisonment for more than 12 months;
- are an undischarged bankrupt;
- have signed a personal insolvency agreement and have not kept to the agreement; and
- have been disqualified under the *Corporations Act 2001* from managing corporations.

and I will notify the Corporation within 14 days if any of the above events occur after my appointment.

I **acknowledge** that my appointment as a Regional Advisory Committee Member and /or Director is subject to the Rules of the Corporation and the Act.

In circumstances where this form has been completed to nominate to be appointed as a Regional Advisory Committee member position (as set out in Rule 4.7), I **consent** to this form being sent to members as set out in rule 4.7 of the rule book on the basis that all personal information in Section A (other than my name) is redacted.

Initial_____

I confirm that I meet the eligibility criteria to be appointed a Director as detailed in:

For Regional Advisory Committee Members / Member Directors – Rules 4.5 and 7.4, being:	For Independent Specialist Directors – Rule 7.7, being:
is a Member of the Corporation, being either a: <ul style="list-style-type: none"> • Wellington Member • Greater Western Sydney Member or • Moree Member 	is not a Member of the Corporation or have any financial or familial interests in it
has consented in writing to be appointed as a Director of the Corporation using the form set out in Schedule 2 to these Rules	is not a member of any of the Regional Advisory Committees
has demonstrated knowledge and experience in the areas of health, finance, governance, law and/or another area that is relevant to the objectives of the Corporation as set out in Rule 2	is at least 25 years of age
has a Director Identification Number	Has a Director Identification Number
within two months of appointment, obtains a National Police Certificate. If a National Police Certificate: <ul style="list-style-type: none"> • is not provided within two months of appointment • records a Serious Offence within the last 10 years • records pending charges for a Serious Offence • records a conviction for a Serious Offence during the term of appointment the appointment as Regional Advisory Committee Member and/or Director is terminated immediately	is an Australian resident and resides in New South Wales
within one month of appointment, signs the Director's Confidentiality Deed. If a signed Director's Confidentiality Deed is not provided within one month of appointment the appointment as Regional Advisory Committee Member and/or Director is terminated immediately	is not an employee of the Corporation or any subsidiary of the Corporation
within one month of appointment, sign the Directors Code of Conduct. If a signed Directors Code of Conduct is not provided within one month of appointment the appointment as Regional Advisory Committee Member and/or Director is terminated immediately	was not an employee of the Corporation or any subsidiary of the Corporation within the previous 2 years
has completed suitable governance training either prior to their election or appointment or within a period of six months following their election or appointment	has not worked for or been paid by the Corporation for services in a period of 12 months before their appointment

Initial _____

	An individual who was a Director of the Corporation or an employee of the Corporation who was part of the executive management team at any time in the period 1 September 2020 to 17 September 2021 is not eligible to be appointed as a Regional Advisory Committee member at any time in the period up to and including the ARM of the Corporation for the financial year ended 30 June 2025	is independent and have demonstrated skills in financial management, corporate governance, accounting, law or the health sector
		gives the Corporation their written consent to become a director before being appointed in the form set out at Schedule 2 of these Rules
		within one month of appointment, obtains a National Police Certificate. If a National Police Certificate: <ul style="list-style-type: none"> • is not provided within two months of appointment • records a Serious Offence within the last 10 years • records pending charges for a Serious Offence • records a conviction for a Serious Offence during the term of appointment the Independent Specialist Director's appointment is terminated immediately
		signs the Director's Confidentiality Deed and Director's Code of Conduct prior to appointment
		has completed suitable governance training either prior to their appointment or within a period of six months following their appointment
		Has demonstrated understanding of Aboriginal culture, or completes a cultural training course that has been endorsed by the Board of Directors within 6 months following their appointment

Signature of Applicant: _____ Date: _____

NOTE: This form should be completed and given to the Corporation **before** the person is appointed as a director—section 246-10(1) of the Act. The period of automatic disqualification is set out in sections 279-5 and 279-10 of the Act

Please send applications to:

Email: companysecretary@wachs.net.au

Mail to: Company Secretary, Wellington Aboriginal Corporation Health Service

30 Warne Street, PO Box 236, Wellington NSW 2820

More information: Contact Roz Styche on 0434 934 260

Initial _____

