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### WELLINGTON ABORIGINAL CORPORATION HEALTH SERVICE

### ICN: 972

**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) | |
| And my Director Identification Number is | |  | | (director identification number) | |
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| **SECTION B – DISCLOSURE OF INTERESTS**  I also set out the following as standing notice to the Directors of the Corporation under Rule 4.17 and 7.16 and section 268-1 and 268-10 of the Act regarding directors duty to disclose material personal interests that might conflict with the interests of the Corporation):   1. I have the following interests in contracts or proposed contracts with the Corporation: 2. I declare I have the following associations with other Corporations or businesses (Please state the name of the entity and your role in it, eg member, partner, owner, officer, shareholder): 3. I hold the following appointments whereby duties or interests might be created in conflict with my duties as a Director of the Corporation: 4. I set out below any other material personal interest which relates to the affairs of the Corporation:   **SECTION C – RELEVANT EXPERIENCE AND/OR QUALIFICATIONS**  (insert details of relevant experiment/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.  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:   * 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:   * 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 | |  | 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:   * 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 person: |  |  | |
| 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:** [**fallona@wachs.net.au**](mailto:fallona@wachs.net.au)

**Post: Atten: Fallon AhSee**

**30 Warne Street**

**Wellington NSW 2820**

**Forms can also be hand delivered to your local Clinic (Mt Druitt, Penrith, Katoomba, Moree or Wellington)**

**For any enquiries please contact: Fallon AhSee. Ph: 02 6845 9302**