



## GWH BOARD APPLICATION FORM

Name		
Date of birth		
Address		
Contact details (please use tick box to indicate preferred method of contact)	Mobile	
	Work	
	Home	
	Email	
Gender		
Are you of Aboriginal or Torres Strait Islander origin?	No Yes – Aboriginal Yes - Torres Strait Islander Yes - Both Aboriginal & Torres Strait Islander	
It is the policy of GWH to accept applications from women with culturally diverse backgrounds. Are there any cultural requirements that you would like us to be aware of?	Yes No If yes, please describe how GWH can assist?	
It is the policy of GWH to accept applications from women with additional needs and/or disabilities and to attempt to meet reasonable/appropriate work/volunteer related requirements for employees and volunteers. Are there any additional needs that we can accommodate for you?	Yes No If yes, please describe and indicate how GWH can help adjust and minimize barriers that may affect your participation?	
Are you a current Association Member of Gippsland Women's Health?	Yes No	
Have you read the Related Parties and Conflict of Interest Policy and completed the Conflict of Interest Disclosure Form?	Yes No	
Are you aware of any conflict of interest you may experience by being a member of this Board?	Yes No  If yes, what are they?	



Employment Status	
Most Recent Employment Position	
Qualifications	
Police Check provided	<p>Yes</p> <p>No</p> <p>Please note all new Board Members are required to provide a Police Check that has been issued in the last 12 months.</p>
Please indicate the relevant skills or experience you possess (tick one or more)	<p>Clinical Governance</p> <p>Stakeholder relations</p> <p>Risk and Compliance</p> <p>Health or Social Services Industry</p> <p>Corporate Governance</p> <p>Policy Development</p> <p>Executive management</p> <p>Finance</p> <p>Industrial Relations</p> <p>Marketing and Communications</p> <p>Australian Institute of Company Directors</p> <p>Information Communication Technology</p> <p>Legal</p> <p>Board/Director Experience</p> <p>Government Relations</p> <p>Registered Practitioner i.e. health practitioner, CPA, lawyer</p> <p>Community Engagement</p> <p>Strategic planning</p>
Please indicate any additional skills or experience you possess	
Please indicate any Committees/Boards or Director roles you have previously participated in or currently participating in	
Please list any community activities/volunteering you are involved in and your level of participation	
Please indicate why you wish to join this Board and what you would like to achieve during your time on the Board:	



Name of Referee	Position or Company Role	Contact number

**PLEASE INCLUDE YOUR RESUME AND ANY OTHER INFORMATION YOU CONSIDER APPROPRIATE**

If appointed to the Gippsland Women’s Health Board of Management, I hereby give permission for my personal information to be used in Gippsland Women’s Health publications and promotions in relation to Board activities.

Signature \_\_\_\_\_

Date

*Note: In accordance with Gippsland Women’s Health Privacy Policy, any personal information related to Board applications will be destroyed if your application is unsuccessful.*