



# Board Director Nomination Form

Circular Head Aboriginal Corporation, INC 1997

## Candidate Information

Title:		CHAC Member:	Yes	No
Preferred pronouns:		D.O.B: <i>Must be over 18</i>		
Name (First, Last):				
Directors ID (if known):	<i>15 digits:</i>			
	<i>If you don't have a Director's ID, we encourage you to apply for one before the AGM - ABRS dedicated phone line operating between 10am and 3pm (AEDT), Monday to Friday - call 1300 342 353 and enter pin 108</i>			
Home address:				
Home phone number:		Mobile:		
E-mail:				
Are you aware that the appointment is for two years and is a voluntary position requiring a minimum commitment of approximately five hours per month?			<input type="checkbox"/> Tick to agree	

Please tick any skills or experience you (or the nominated candidate) possess.

- |  |  |
|--|--|
| <input type="checkbox"/> Aboriginal or Torres Strait Islander                | <input type="checkbox"/> Public relations/Communications   |
| <input type="checkbox"/> Strategic oversight/planning                        | <input type="checkbox"/> Contacts/Networking   |
| <input type="checkbox"/> Governance  | <input type="checkbox"/> Social Services experience  |
| <input type="checkbox"/> Legal/Compliance                                    | <input type="checkbox"/> Entrepreneurship  |
| <input type="checkbox"/> Finance/Accounting                                  | <input type="checkbox"/> Tourism   |
| <input type="checkbox"/> Management/Administration                           | <input type="checkbox"/> Clinical experience, e.g. doctor, nurse, pharmacist, allied health professional or other regulated health practitioners |
| <input type="checkbox"/> Grant writing                                       | <input type="checkbox"/> Previous work with or knowledge of Aboriginal and Torres Strait Islander Culture  |
| <input type="checkbox"/> Non-profit experience                               |  |
| <input type="checkbox"/> Fundraising and special events                      |  |
| <input type="checkbox"/> Training/Teaching experience/Curriculum development |  |

Please list any potential Conflicts of Interest that might arise as a result of joining the Board:



Please list any Boards or governing bodies that the candidate has been a part of and the skills, expertise and knowledge they would bring to CHAC as a Director, including the motivation to serve as a Director, and any affiliations or organisations the candidate belongs to (e.g., membership, professional, civic) (300 words max).

*Note that this information will be made available to the public and members.*

**Nomination submitted by:**

Name		Date	
Signature			

**If nominating someone else, the nomination has been submitted by:**

Name		Date	
Phone		Email	
Signature			
Does the candidate agree to be nominated?		Yes	No

***Thank you for your nomination.***

*Please return by hand to the CHAC Reception at 10 King St, Smithton, or by email subject titled 'Confidential Nomination' to [secretary@chac.com.au](mailto:secretary@chac.com.au) by 23 October 2024.*

*Please note that before a person can be appointed as a director, they must provide signed consent by completing a **Consent to Become a Director form**. Secretaries are also generally appointed at the AGM and must consent to be a Secretary by completing a **Consent to be a Secretary**. These forms will be available at the AGM.*