

Application for Board Membership

PERSONAL DETAILS

Full name including title: _____

Postal address: _____

Suburb: _____ State _____ Postcode: _____

Home address : _____

Occupation: _____ DOB: _____

Business number: _____ Private number: _____

Mobile number: _____ Email address: _____

CHECK LIST

Please ensure you complete/attach the following items.

- Personal details
- Application addressing the selection criteria
- A current photograph
- An up-to-date curriculum vitae
- Signed declaration of eligibility
- Include referees
- Ochre card (or be the ability to obtain one)
- Up to date vaccination status

SELECTION CRITERIA

- I. What are your key areas of interest related to the Australia Day Council NT?
- II. Outline the skills and knowledge you have that will assist the Australia Day Council NT.
- III. List relevant professional membership association or community activities you are involved with.
- IV. List any previous experience as a member of a committee, advisory group, board or volunteer within the community sector.
- V. Have you had any previous involvement with Australia Day programs, events or awards?

VI. Do you have any suggestions on ways to enhance the effectiveness of the Australia Day Council NT?

REFEREES

This application must include two referees.

Full name: _____ Contact number: _____

Full name: _____ Contact number: _____

DECLARATION OF ELIGIBILITY

In completing my nomination form for the Australian Day Council NT Inc.

I certify that I am:

1. Over the age of 18 years old
2. An Australian Citizen
3. Resident of the Northern Territory
4. Not a person who is insolvent under the administration or a disqualified person.
5. Not a person who has been convicted within or outside the Territory.
 - On an indictment of an offence in connection with the promotion, formation, or management of a body corporate.
 - Of an offence involving fraud or dishonesty punishable on conviction by imprisonment for not less than 3 months.
 - Of an indictable offence.
 - Of an offence against the Associations Act.
 - Or a prescribed offence.

I declare to the best of my knowledge, the information provided in this form is true and correct.

Applicants signature: _____ Date: _____

APPLICATIONS

Applications in writing addressing the selection criteria, a current resume and two referees. should be sent to office@adcnt.org.au by close of business Monday 31 July 2023

ADDRESS & CONTACT DETAILS

Postal: GPO Box 1934, Darwin NT 0801

Phone: 08 8989 5290

Email: director@adcnt.org.au