|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1 PERSONAL DETAILS – EOI must be a financial member of the Child Health Association Tasmania or join on appointment.** | | | | | | |
| **Family Name** | | | | **Prefix (please tick)** | **Ms** **Miss** **Mrs** **Mr** **Dr** | |
| **Given Names** | | | | | | |
| **Preferred Name** | | **Date of Birth** | | | | |
| **WWC registration number:** | | | **Gender** Male/Female/Other | | | |
| **Residential Address** | | | | | | |
| **Street** | | | **Suburb** | | | |
| **State** | | | **Postcode** | | | |
| **Home Phone** | | | **Mobile Phone** | | | |
| **Email** | | |  | | | |
| **Postal Address (if different from above)** | | | | | | |
| **Street** | | | **Suburb** | | | |
| **State** | | | **Postcode** | | | |
| **Home Phone** | | | **Mobile Phone** | | | |
| **Email** | | |  | | | |
| **Emergency Contact Details** | | | | | | |
| **Contact Name** | | | | | | |
| **Home Phone** | | | **Mobile Phone** | | | |
| **Section 2 SKILLS AND COMPETENCIES** | | | | | | |
| ***Please indicate if you have skills or experience in any of the following – there is no requirement for any experience*** | | | | | | |
| Academia (research/education) | Audit/Finance | | Early Childhood | | | Ethics |
| Advocacy | Change Management | | Efficiency and Effectiveness | | | Fundraising |
| Human Resource Management | Cultural Diversity | | ICT | | | Marketing |
| Policy Development | Politics | | Project Management | | | Public Relations |
| Compliance | Research and Development | | Strategic Management | | | Law |
| Qualifications: (if applicable) | | | | | | |
| **ACCEPTANCE** *As a matter of Policy and State legislation, we require all prospective Board Members to agree to Working with Children registration. Please sign below to indicate your permission to undertake the appropriate checks and your willingness to abide by relevant policies.* | | | | | | |
| **I,** | | | | | | |
| **nominate for the position of Board Member with the Child Health Association Inc.** | | | | | | |
| **Nominee Signature** | | | **Date** | | | |
| **Date Received** | | | **Public Officer Signature** | | | |
| **REFEREE 1.** | | | **REFEREE 2.** | | | |
| **Name** | | | **Name** | | | |
| **Title** | | | **Title** | | | |
| **Work place** | | | **Work place** | | | |
| **Phone** | | | **Phone** | | | |
| **Relationship** | | | **Relationship** | | | |

I have signed the EOI I have listed two professional referees

I have attached my resume I am a CHAT member or I will pay the membership fee in order to qualify to become Board member

This form is to be returned to: Public Officer

C/-: seo@chatas.com.au

*or*

PO Box 689, North Hobart, 7002