

## 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

### 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 CLOSE

4:00pm on Friday 20 August 2021

## ADDRESS & CONTACT DETAILS

Postal: GPO Box 1934, Darwin NT 0801

Phone: 08 8989 5290

Email: [director@adcnt.org.au](mailto:director@adcnt.org.au)