



Casual Vacancy - Board Nomination Form 2022

SECTION ONE: PERSONAL DETAILS

First Name:		Surname	
Previous Name:		Date of Birth:	
Residential Address:			
Postal Address: (if different)			
Phone:		Alternative Phone:	
Email:		Alternative Email:	
Do you have a Working with Vulnerable People Registration or are you willing to get one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Would obtain		
Do you have a National Police Check or are you willing to get one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Would obtain		
Do you have a National Personal Insolvency Index (NPII) check or are you willing to get one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Would obtain		
Are you a victim-survivor of sexual violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
Are you Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
Do you or does a member of your immediate family have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
Are you culturally and/or linguistically diverse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
Do you identify as LGBTQIA+?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
Emergency Contact:		Emergency Contact Phone:	

SECTION TWO: SKILLS AND COMPETENCIES (Please also attach your CV)

Provide a 100 to 150 word bio that summaries your personal and professional strengths.

Your bio will be used if there is an election and on our website if you are successful.

Qualifications:

Professional Memberships:

Briefly describe your ability to govern for the delivery of best-practice sexual assault counselling and support services.

Briefly Describe your understanding of the societal barriers and other challenges experienced by Laurel House clients.

Describe what you hope to achieve as a member of the Laurel House Board.

Please indicate if you have skills or experience in any of the following – there is no specific requirement for your background experience.

<input type="checkbox"/> Strategy	<input type="checkbox"/> Policy Development	<input type="checkbox"/> Compliance	<input type="checkbox"/> Legal / Law
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Governance	<input type="checkbox"/> Marketing / Promotion
<input type="checkbox"/> Human Resources / Industrial Relations	<input type="checkbox"/> Public Relations / Media	<input type="checkbox"/> Workplace Health and Safety	<input type="checkbox"/> Quality Systems Management
<input type="checkbox"/> Research / Evaluation	<input type="checkbox"/> Clinical Governance	<input type="checkbox"/> Project Management	<input type="checkbox"/> Risk Management
<input type="checkbox"/> Change Management	<input type="checkbox"/> ICT / Cyber Security	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Business Development

Current and past board or committee appointments:

Any potential, perceived or actual conflicts of interest:

SECTION THREE: ASSOCIATION MEMBERSHIP AND CONSENT

As per Clause 26(5) of the Laurel House Constitution, if a casual vacancy occurs in the office of an ordinary board member, the Board may appoint a member of the Association to fill the vacancy until the end of the next annual general meeting. In filling that vacancy the board must have regard to the skill set required to ensure that the Association is represented by the necessary skilled individual on the board. Nominees must provide evidence of their suitability against the criteria determined by the board (which have informed the development of this form), and must be a current financial member of the Association.

Association Membership

Are you a current financial member of Laurel House for the 2021/2022 Financial Year?

Yes

No

If No, you must become a member of Laurel House. Membership fees are \$25.00 per annum. An invoice will be issued to you on receipt of this form.

Nominee Consent

I, _____ seek to be considered by the Laurel House Board to fill a casual vacancy.
(Full name of Nominee)

I confirm that I am a current financial member of Laurel House (or will become a member prior to my endorsement by the Board)

I meet the other requirements from the Laurel House Constitution and the skills, lived experience and knowledge determined by the Board at the call for nominations.

I confirm that I do not appear on the banned and disqualified register held by ASIC and not have been declared bankrupt.

I understand that the term of a Board Member is 2 years, and that during my term I will be expected to attend all Board meetings and participate in at least one subcommittee, and commit to coming to meetings prepared and willing to actively contribute.

I understand that I will be required to comply with the Laurel House Code of Conduct and other policies and procedures if I am successfully elected to the Board.

Signature:

Date:

Nomination forms must be returned to the Public Officer on ceo@laurelhouse.org.au by COB Tuesday 1st March 2022.