DIRECTOR NOMINATION FORM

www.kambuhealth.com.au ICN 7942

Att: Company Secretary, *Kambu Aboriginal and Torres Strait Islander Corporation for Health*

Once complete please submit/post this form to 27 Roderick Street, Ipswich or email it to board@kambuhealth.com.au

Part 1 – Eligibility Requirements and Candidate Statement of Skills & Attributes

I, *(circle one: Mr / Mrs / Ms / Miss) Name (print)* .....

of (your suburb, town/city) ....., *Queensland*

Declare *my intention to nominate as an Elected Director of the Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu Health) Board and state that I comply with the eligibility requirements of the Rule Book and demonstrate the skills and attributes suitable for a Director..*

Eligibility Requirements – (tick the box next to each statement that is true to your circumstances):

I declare that:

- □ I am a Full (Ordinary) Member of Kambu Health;
- □ I am an Aboriginal or Torres Strait Islander person, living in the Geographic Service Area at the time of election;
- □ I am not a close family relative (biological father/mother, son/daughter, sister/brother, uncle/aunt) of a person in the Kambu Health Senior Management Team (now Executive Management Team) reporting directly to the CEO or of a continuing Director;
- □ I am not employed with or contract to Kambu Health nor have I been contracted/employed by Kambu Health for at least three (3) years prior to the date of this nomination;
- □ I am independent of any organisation that provides funding or sponsorship to Kambu Health;
- □ I understand Kambu Health receives Commonwealth and other government funding and I agree to comply with all governance obligations associated with those funding arrangements.
- □ I agree to disclose any actual, potential or perceived conflicts of interest should I be elected such as employment, contracts, consulting arrangements, family relationships, directorships and supplier relationships.
- □ I acknowledge and agree that if elected, my appointment is contingent on meeting the eligibility requirements which include satisfactory:
  - □ **Director Identification Number** (DIN): ..... (If not provided with Nomination form must have provided prior to the AGM meeting);
  - □ **Australian police check** (I consent to the corporation conducting a Police Check and if elected will immediately provide a completed Police Check Application consent with photocopied 100 pts of ID)
  - □ **Directors' Qualification Course** I have/or will complete a Directors' Qualification Course within one year of being appointed to the Board and/or can provide evidence of the completed course to satisfy the Board that I meet this requirement.

Director Eligibility and Disqualification Declaration

I declare that I am not disqualified from:

- □ managing corporations, within the meaning of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act) and that I:
- □ have not been convicted of an offence under the CATSI Act that is punishable by imprisonment for more than 12 months;
- □ have not been convicted of an offence involving dishonesty that is punishable by imprisonment for at least three months;

- □ have not been convicted of an offence against the law of a foreign country that is punishable by imprisonment for more than 12 months;
- □ am not an undischarged bankrupt;
- □ have not signed a personal insolvency agreement and have not kept to the agreement;
- □ have not been disqualified under the Corporations Act 2001 from managing corporations; **and**
- □ I agree to notify the corporation as soon as possible if any of the above events occur after my appointment.

I declare that I am not disqualified from:

- □ being a responsible person under the *Australian Charities and Not-for-profit Commission Act 2012* (Cth) (ACNC Act) within the previous 12 months.

Candidate Statement – Skills and Attributes

To support the election process at the AGM, a copy of this statement (including the Skills Matrix below) will be circulated to members.

Each nominee **must** provide a signed one-page statement addressing:

- Governance and board experience;
- Community leadership experience;
- Relevant professional skills;
- Governance training completed;
- Reasons for seeking election;
- Contribution/s they intend to make to Kambu Health.

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Skills Matrix

Please tick any of the boxes below which is relevant to your skillset:

- □ Aboriginal and Torres Strait Islander community leadership
- □ Cultural Authority
- □ Clinical or health service delivery
- □ Financial management/accounting
- □ Audit and risk management
- □ Governance and compliance
- □ Human resources/workforce
- □ Legal
- □ Government relations
- □ Strategic planning
- □ Community engagement
- □ Information technology/cyber security
- □ Property/facilities management
- □ Organisational leadership/management
- □ Advocacy and stakeholder engagement

Suitable Skills and Attributes (tick the box next to each statement that is true to your circumstances):

- □ I have honestly assessed my skills and capacities and **include** with this declaration **a summary of the skills and attributes that make that me a suitable candidate** for the office of Elected Director, and agree to complete any training requirements should I be elected
- □ I have reviewed the Role and Responsibilities of a Director on the ORIC website and agree to faithfully adhere to the duties, principles and standards of behaviour required of a director should I be elected to the Kambu Health Board
- □ I will commit the time and energy required to prepare and attend board meetings, workshops, information sessions, director related training and to participate in the making of informed, accountable and appropriate governance decisions.

Your Name: ..... Date: ..... /..... / .....

Your Signature: .....

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Part 2 – Notice Of Consent to Act as Director

Consent to act as Director to the Kambu Aboriginal and Torres Strait Islander Corporation for Health registered pursuant to: Section 257-15 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) until my term of office as Director has been completed or by tender of my written resignation.

My full particulars are:

Title: ..... First Name: ..... Surname: .....

Your Date of Birth: Day: ..... Month: ..... Year: .....

Your Place of Birth .....

Address: .....

.....State: ..... Post Code: .....

Telephone: ..... Mobile: .....

Email: .....

If elected, I request that my appointment as Director of the Company be confirmed and appropriate notification given to the Australian Office of the Registrar of Indigenous Corporations and/or Australian Charities and Not-for-profit Commission.

Your Name: ..... Date: ..... / ..... / .....

Your Signature: .....

Privacy Collection Notice

The personal information collected in this nomination form is collected for the purpose of determining eligibility and suitability for election as a Board Director of Kambu Health and will be handled in accordance with applicable privacy requirements and Kambu Health policies. Should you require a copy, please visit the Kambu health website www.kambuhealth.com.au/key-documents or you can request a copy by emailing board@kambuhealth.com.au

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Part 3 – Nomination from Member

I am an Ordinary Member of the company and support the nomination of this person to the Kambu Health Board of Directors, and know the declarations made by this person in this Notice to be true in every particular.

State that the skills and attributes that ..... *has make*
(insert name of candidate)

him / her a suitable candidate for the office of Elected Director.

Your Name: ..... Date: ..... /..... / .....

Your Signature: .....

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OFFICE USE ONLY	*Date Received:*
Form Completed: YES / NO	*Eligibility requirements met and Eligible for election: YES / NO*