Nomination Form: Community Stakeholder Member on the Aboriginal, Torres Strait Islander and Māori Committee

# To be considered for the position please complete all sections of this form and return (Word format) to [Council@amc.org.au](mailto:Council@amc.org.au) with a copy of your CV by close of business Friday 21 February 2020.

|  |  |
| --- | --- |
| **Name** |  |
| Title |  |
| Given Name/s |  |
| Family Name |  |
| Post nominal/s |  |
| **Gender (please select)** |  |
| Male |  |
| Female |  |
| Other |  |
| **Residential Address** |  |
| No/Street |  |
| Suburb/Town |  |
| State |  |
| Postcode |  |
| **Postal Address** |  |
| Postal address  *(if different from above)* |  |
| **Contact details** |  |
| Mobile |  |
| Business Phone |  |
| Home Phone |  |
| Email |  |
| **Are you a government sector employee, including in the public health system?** |  |
| If yes, name of agency |  |
| If yes, full time / part time |  |
| **Does your employer support your nomination?** |  |
| Yes / No / Not applicable |  |
| **Referees** |  |
| Referee 1 Name |  |
| Position & Organisation |  |
| Phone |  |
| Referee 2 Name |  |
| Position & Organisation |  |
| Phone |  |
| **Qualifications**  *Please list each on a separate line* |  |
| Qualifications |  |
| Relevant training undertaken or in progress |  |
| **Current role and experience** |  |
| Current role |  |
| Summary of experience |  |
| **Selection Criteria**  (r = requirement) |  |
| Aboriginal or Torres Strait Islander person or Māori (r) |  |
| Fluency in an Indigenous language |  |
| Leadership skills |  |
| Committee experience |  |
| Knowledge of or experience in the areas of health, training and education that are regularly considered by the AMC and that relate to Indigenous health |  |
| Why do you wish to be considered for the position? |  |
| **CV** |  |
| Please include a PDF copy of your CV with your submission |  |