
Palliative Care Australia Board Director Nomination Form

- Completed nominations form and skill set assessment form must be received by **5.00pm Sunday 27 September 2020** to Tamara McKee, Company Secretary, via tamara@palliativecare.org.au
- Nominees must be financial members of a PCA member organisation
- Please contact Tamara McKee by email on tamara@palliativecare.org.au for the **skill set form** or call 0422 814 750 if you have any questions.

Section A: Nominee Details

Name: _____

Address: _____

State: _____ Postcode: _____

Phone: _____ Email: _____

Current employer and position: _____

Section B: Consent of nominee

In signing this consent form, I am declaring I have not been convicted of offences in the promotion, formation or management of a body corporate; have not been convicted of offences involving fraud or dishonesty punishable by imprisonment of three months or more; and am not insolvent under administration within the meaning of the Corporations Act.

Name: _____ Signed: _____

Title: _____ Date: _____

Section C: Confirmation by Member Organisation

This candidate is confirmed to be a financial member of _____ (PCAMO).

Name: _____ Signed: _____

Title: _____ Date: _____

Section D: Short Profile and Photo of Nominee

Please provide a portrait-style photo and short profile (maximum 400 words) to support your nomination. Your profile should indicate;

- Your skills and experience with reference to the areas of skills and experience outlined in the guidelines for Nomination and skill gaps if relevant;
- Your experience and education in relation to board governance;
- The contribution you would wish to make to the governance, strategic direction and vision of PCA

This is a requirement for all nominations. Please ensure the photo is included in the short profile. This should be submitted on the form of a Word or PDF document.