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|  | Bulagaranda (Mount Yarrowyck) Aboriginal Area Board of Management |

# Description: Description: DOC0015 LOGO FA2Application

## Applicant Information (all fields are compulsory)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date of birth: |  |
|  | Title Given names |  | Surname |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address: |  | | | | |  |
|  | Residential Address | | | | | Postcode |
|  | |  |  |  |  | |
|  | | Postal Address (if different to residential address) |  |  | Postcode | |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile phone: |  | Email | : |

|  |  |
| --- | --- |
| Landline: |  |

*Provide if no mobile available*

## Other details

|  |  |
| --- | --- |
| Position Applied for (eg Member, deputy ,deputy member): |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Are you a public sector employee? If yes, please list: |  | | YES | NO | If yes, which department? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you on the NSW Lobbyist Register? | YES | NO |  |
|  |  |  |  |
| Are you currently a member of other boards and committees? If yes, please list: | YES | NO | If yes, which Board or committee?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

## Qualifications for the board

I meet the following requirements for membership on the board and am able to support my claim through my CV or a referee report: **(please only tick the criteria that apply to you).**

**Essential criteria (tick 1 of the following):**

Aboriginal owner of Bulagaranda

Nominee of Armidale Local Aboriginal Land Council

Nominee of Anaiwan Local Aboriginal Land Council

Representative of Uralla Shire Council, who is either a general manager or other senior staff member of the Council

Person nominated by a professional group concerned in the region’s conservation who is appointed to represent conservation interests

Person appointed as representative and nominee of owners, lessees and occupiers of land adjoining or in the vicinity of the of Bulagaranda (Mount Yarrowyck) Aboriginal Area

**Desirable criteria (tick any that apply)**

Knowledge, skills and experience relevant to the role

Experience on boards and committees

Ability to represent the stakeholder group I am nominated under “Essential criteria”

Additional information **must** be provided in a one-page CV and a one-page cover letter. This should only include your skills, experience and qualifications that relate to the committee*.*

## Diversity information

Members of the community, including women, Aboriginal and Torres Strait Islander people, people of culturally diverse backgrounds, people with a disability and young people, are encouraged to apply for positions on NSW boards and committees.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a disability? | YES | NO | PREFER NOT TO SAY |  | | | | |
| Please advise of any special needs that need to be accommodated. | | | | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your gender? | MALE | FEMALE | NON-BINARY PREFER NOT TO SAY |  |
| Are you from a culturally diverse background? | YES | NO | PREFER NOT TO SAY |  |

|  |  |
| --- | --- |
| If yes, please provide details: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you an Aboriginal or Torres Strait Islander person | YES | NO | PREFER NOT TO SAY | |
|  | | | |  | |  |  |

## References

Please list two professional references.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | Relationship: |  | | | |
| Email: |  | Phone: |  | | | |
| Position/ Organisation: |  | | |  | | | |  |
| Full Name: |  | Relationship: |  | | | |
| Email: |  | Phone: |  | | | |
| Position/ organisation: |  | | |  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

*I acknowledge that if I am approved for appointment or reappointment to the board, that I will be required to declare pecuniary / non-pecuniary interests*.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Information submitted on this form, including any personal details will be a matter of public record and will be stored in the NSW Government records system. You can find out more about how the NSW Government handles the personal information it collects online by reading the Department of Planning and Environment Privacy Management Plan. By submitting this form, you consent to the collection and use of your personal information in accordance with this plan.