

EXPRESSION OF INTEREST – COMMITTEE MEMBERSHIP

Organisation Name: Harrow Bush Nursing Centre

Committee: Committee of Management

SECTION A: APPLICATION OVERVIEW

Applicant Name:

Address:

Contact Number and Email address:

Have you previously been a member of the HBNC Committee of Management? If yes, please state year of election and length of term as well as reason for resignation.

Are you currently a staff member of the HBNC? (please note that if you are a staff member, you will be ineligible to join the HBNC Committee of Management)

Please provide an overview of why you would like to join the HBNC Committee of Management.

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SECTION B: SKILLS & EXPERIENCE

Please list any formal qualifications and year of completion below:

Please list your current occupation and any professional memberships you have:

Please list any skills or interests you believe would be of relevance to the HBNC Committee of Management:

Please list experience and prior roles/occupations which you believe would be of relevance to the HBNC Committee of Management:

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SECTION C: SCOPE OF RESPONSIBILITY

The HBNC Committee of Management provides a valuable opportunity to contribute to the governance of the Harrow Bush Nursing Centre however requires members to attend monthly meetings at the Harrow Bush Nursing Centre as well as representation as a committee member on any of our sub committees (if able). The following documents have been attached to this form to assist you to clearly be able to make an informed decision if you are able to commit to the HBNC Committee of Management.

FORMS

HBNC COM – Terms of Reference

HBNC COM – Roles & Responsibilities

HBNC COM – Attendance to Meetings policy

CHECKS TO BE UNDERTAKEN

Working with Children Check – cost covered by HBNC

National Name Police Check – cost covered by HBNC

If you have any questions regarding this information, please do not hesitate in contacting the Centre Manager or Executive Assistant on (03) 5588 2000 or email operationsadmin@hbnc.org.au.