

## Board of Directors Nomination Form – Invited Person

Nominations close on <u>3 November</u>, <u>2021</u>

The Public Officer, FKCANT PO Box 36610 Winnellie NT 0820 info@fkca.org.au

## **Application**

1, apply for a position on the Board of Directors of the	Foster and
Kinship Carers Association NT Incorporated ("FKCANT").  I acknowledge that I have read the FKCANT Constitution and confirm that understand the responsibilities and duties expected of me as a director of endorse my willingness to accept the rights, obligations, powers and duties Director as outlined in the FKCANT Governance guidelines and the Association (NT).	FKCANT. I s of a
Name:	
Signature:	-
Date:	

## **Personal Information**

Please complete the attached application and attach a brief bio, your current CV and a minimum of 2 reference letters.

TITLE (please circle one):				
First name				
Last name				
Home address				
Telephone				
Email				
1. Qualifications - F	Please attached your CV with this application form			
2. What skills or contributions do you bring to further the goals and objectives of the Foster and Kinship Carers Association NT Inc. (ie: legal, financial, HR)				
<ol> <li>Community Involvement - Name of the organisation or board you have served on previously (if applicable).</li> </ol>				

<ol> <li>Memberships in professional organisations (if applicable).</li> </ol>		
5. Please outline, why are you interested in becoming a Director for Foster & Kinship Carers Association NT Incorporated?		
6. How do you feel the Board will benefit from your involvement as a Director?		
7. How will you benefit from becoming a Director?		
8. I am willing to commit time to the organisation to attend Board meetings, Governance training, strategic planning as well as functions and events as required. Please circle as applicable.		
Are you willing and able to attend board meetings?  Yes/No		
Are you willing to abide by the Associations Code of Conduct? Yes/No		
Are you willing to uphold the Association's Constitutional responsibilities? Yes/No		
Are you willing to attend events/activities as an active, positive and supportive representative of our foster and kinship carer members?  Yes/No		
9. References - Please provide the names and contact information for two persons who could provide a reference for you.  Please include name, occupation, address and telephone number.		

FOSTER	VND	KINISHID	CARERS	<b>ASSOCIATI</b>	ON NT In
<b>FUSIER</b>	AINU	KIINOHIP	CARERS	ASSUCIATI	

10. OCHRE Card – Please co	mplete details of your OCH	RE Card.				
Name as shown on card	Card Number	Expiry Date				
11. Please write a 150 word	candidate statement to sup	port your application.				
12. National Criminal Record Clearance – Please attach an up to date copy.  Applications will not be assessed without a copy of a National Criminal Record  Clearance dated within the last 3 months.						
The personal information requested on this application form is being collected and used by FKCANT to evaluate the suitability of all potential candidates as Directors of FKCANT.						
attest that the information I	have provided is true and c	orrect.				
	•					
ignature	Date					
Thank you very much for your application to become a Director on our Board.  Your application will be assessed, and you will be advised of the outcome of your						
application in due course.	ssea, and you will be advise	a of the outcome of your				