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| Application form for appointment as a board member of the Victorian Collaborative Centre for Mental Health and Wellbeing |
| December 2021  |
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| **Name of board** | Collaborative Centre for Mental Health and Wellbeing |
| **Position/s applying for** | Member only [ ] Member or Chairperson [ ] Chairperson only [ ]  |
| **Title** | Ms [ ]  Mr [ ]  Mrs [ ]  Miss [ ]  Dr [ ]  Other [ ]  \_\_\_\_\_\_\_\_ |
| **Name in full** |  |
| **Date of birth** | ……/……./………..  |
| **Gender** | Female [ ]  Male [ ]  Intersex [ ]  Other [ ]  Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Residential address and postcode** |  |
| **Telephone (provide at least one)** | Business [ ]  After Hours [ ]  Mobile [ ]  |
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| **Email Address** |  |
| Questions marked with an asterisk (\*) are optional. If you provide this information, it may be used by the Department of Health (the Department), the Department of Premier and Cabinet, and the Victorian Public Sector Commission (VPSC) to measure diversity in appointments and composition of bodies. |
| **Do you identify as having a lived experience of mental illness or psychological distress? \*** | Yes – as a consumer [ ] Yes – as a family member, carer or supporter [ ] Yes – as both a consumer and a family, carer or supporter [ ] No [ ]  |
| **Do you identify as Aboriginal or Torres Strait Islander? \*** | Yes – Aboriginal [ ]  Yes – Torres Strait Islander [ ] Yes – both Aboriginal and Torres Strait Islander [ ]  No [ ]  |
| **Were you or one of your parents born overseas? \*** | Yes [ ]  No [ ]  |
| **Your country of birth \*** |  |
| **Do you speak a language other than English at home? \*** | Yes [ ]  No [ ]  |
| **Do you have a culturally and linguistically diverse background? \***  | Yes [ ]  No [ ]  |
| **Do you identify as a person with a disability? \*** | Yes [ ]  No [ ]  |
| **Have you lived overseas in the last 10 years for greater than 12 months** | Yes [ ]  No [ ]  |
| **Current position/company**(Include year commenced)  |  |
| **Current board and committee roles** |  |
| **Core skills**Please chose up to three (3) core skills that you will bring to the board.These skills may be across Tier 1 and Tier 2.These skills are described in more detail in the Board Information Pack. | Tier 1 – Specialist skills necessary for a board * Lived experience leadership (consumer) [ ]
* Lived experience leadership (carer) [ ]
* Mental health sector knowledge [ ]
* Registered clinician [ ]
* Corporate governance [ ]
* Innovation and system transformation [ ]
* Financial management and accounting [ ]
* Audit and risk management [ ]
* Law [ ]
* Research (mental health or social sciences) [ ]
* Clinical governance [ ]
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| Tier 2 – Specialist skills important for a board * Aboriginal health and wellbeing [ ]
* Community services sector knowledge [ ]
* Workforce development, learning and teaching [ ]
* Asset management [ ]
* Communications and stakeholder engagement [ ]
* Human resources management [ ]
* ICT strategy and governance [ ]
* Diverse perspectives: ability to draw on and/or engage with insights from diverse perspectives in terms of gender, cultural background, sexuality, ability, and age [ ]
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| Statement 1Please write a statement of 150 – 200 words describing the skills and the attributes you would bring to the Board. |  |
| Statement 2The Collaborative Centre will model full and effective participation of people with lived experience. This includes lived experience of mental illness and psychological distress, suicide, addiction and/or substance use, and families, carers and supporters. Please write a statement of 150 – 200 words describing your commitment to the value of consumer and carer lived experience leadership and participation. |  |
| Referees Please list below the details of two professional/Board referees who may be contacted if you are considered for interviews (February 2022). Ensure to include all fields: |
| Referee 1 | Name: |
| Title: |
| Organisation: |
| Contact number: |
| Email (work email preferred): |
| LinkedIn or corporate URL weblink: |
| Referee 2 | Name: |
| Title: |
| Organisation: |
| Contact number: |
| Email (work email preferred): |
| LinkedIn or corporate URL weblink: |

**PRIVACY**

Your information will be stored in the Department of Health Victorian Public Sector Commission and Public Entities database (GAPED) and will be assessed by authorised government officers and state departments. Wherever practicable, the information stored in GAPED will be made available to authorised personnel in a de-identifiable format to allow accurate reporting on board profiles.

Limited information is provided on a publicly available Victorian government website. This includes first name, surname, the term of current appointment and position on the board. Further information is available from the Department of Health website: <https://www.health.gov.au/>

SHK Asia Pacific, known as SHK, are assisting the Department of Health (The Department) with this process.

SHK’s privacy policy is available on shk.com.au. SHK and the Department treat all personal information provided by an individual in support of an appointment application in accordance with the Privacy and Data Protection Act 2014, the Health Records Act 2001 and the Public Records Act 1973.

When you provide us with information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application process.

**Please attach a full and detailed Personal Resume to include the information summarised on page 6 of the information document.**

**CONSENT**

I consent to SHK and the Department’s use of personal information on this form and in my accompanying personal resume (including any sensitive information such as racial or ethnic origin, and health information such as whether I have a disability) as part of administering appointments to statutory authorities and advisory committees. This information may be included in submissions to Cabinet and/or Governor in Council and shared with other Victorian public sector organisations involved in the administration of appointments. Where you do not provide the information required by this form, we may be unable to process your application. Should you wish to gain access to your personal information held by the Department of Health, please contact the Department’s Freedom of Information Unit via <foi@health.vic.gov.au> or 1300 366 356.

The Department requests your permission for:

* personal information to be entered onto the Government Appointed Public Entities Database
* this personal information to be shared between other government departments
* limited personal information, as previously described, to be made publicly available on a Victorian Government website.

I also consent to providing a completed **Declaration of Private Interests**, and grant permission for the conduct of probity checks, which will consist of:

* a criminal record check Australia wide by Crim Trac
* a check of the Australian Securities and Investment Commission (ASIC) register of persons prohibited/disqualified by ASIC under the provisions of the Corporations Act 2001
* a check of the Australian Financial Security Authority (AFSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1996*.

I grant permission for inquiries that may be made to establish the accuracy of any of the information provided by me in this form and accompanying attachments and to determine my suitability for nomination and I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that the Offices of the Minister and the Parliamentary Secretary, of the Department and selection panels may make these inquiries of any persons or organisations they consider appropriate.

Signature: (Can type, note you are submitting via email and add date) Date:

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