

# Board Director Nomination Form



Nominee Details:			
Information marked * is compulsory and is required by the Australian Securities Investment Commission and Australian Taxation Office.			
Full name:*		Date of Birth:*	
Place of Birth*			
Other name/s known by:*			
Residential Address:*			
Postal Address:			
Mobile:		Other Contact No:	
Email:			
Tax File Number*			
<p>I accept the nomination to the Board of Adventure Patch.                      I understand that my nomination will not be endorsed by Adventure Patch until the following occurs:</p> <ul style="list-style-type: none"> <li>• I have reviewed the <a href="#">Conflict of Interest Policy</a>.</li> <li>• I have reviewed the <a href="#">Privacy and Confidentiality Policy</a> and signed a statement of compliance.</li> <li>• I have reviewed the Code of Conduct Policy and signed a statement of compliance.</li> <li>• Provided a copy of National Criminal History check (less than 6 months old).</li> <li>• Provided a copy of clear National Insolvency check.</li> <li>• Provided a copy of the ASIC Register for Banned or Disqualified Persons.</li> <li>• Provided a Current and historical personal name extract from ASIC.</li> <li>• Registered in PRODA.</li> <li>• Provided a copy of Working with Vulnerable Persons check.</li> <li>• Provided a copy of current driver's license.</li> <li>• Completed and provided copy of ACECQA Declaration of Fitness &amp; Propriety</li> <li>• Adhere to all Adventure Patch policies and procedures, including all COVID vaccinations and third dose undertaken.</li> </ul> <p>Applicants will not satisfy the conflict-of-interest test if they have worked for a childcare service in the last 12 months.</p>			
Signature of Nominee:		Date:	
Nominator Details:			
Name:			
I confirm that I am a member of Adventure Patch and nominate the person listed above for a position on the Board of Adventure Patch. I understand that this nomination must be seconded and is subject to endorsement by the Board once the above good character checks have been completed.			
Signature:		Date:	
Seconded Details:			
Name:			
I confirm that I am a member of Adventure Patch and second the above nomination.			
Signature:		Date:	



**Selection Criteria:**

Please comment on your current **Professional Skills and Knowledge:**

*Examples of the types of skills you may wish to comment on:*

- *Ability to understand and interpret financial and operational reports; Experience contributing to corporate policies, plans and objectives; Strategic thinking with capacity to critically analyse and question; An understanding of the legal obligations of a Director and those of the organisation; An understanding of risk management principles and how they apply to the organisation*

Please comment on your **Personal Skills and Character:**

*Examples of the types of skills you may wish to comment on:*

- *Interpersonal and communication skills; Of good character: honesty, integrity, respect for the views of others; Leadership: good judgement, common sense, perspective, independence, objectivity, willingness to take positions and to questions, courage to act*

Please comment on your **support and advocacy for the role and functions of the organisation:**

*Examples of the types of advocacy and functions you may wish to comment on:*

- *An awareness of the organisation, the sector and marketplace in which the organisation operates; Supportive of the mission of the organisation; An advocate for the rights of children and commitment to consider the best interests of children in decision making*





## Confidentiality Agreement

This agreement is to be read in conjunction with Adventure Patch, Governance and Management (Including confidentiality of records) Policy and Procedure.

I acknowledge and confirm that as a Director of Adventure Patch, I have access to a range of information regarding the organisation's stakeholders, staff and educators, financial status (e.g. budgets, projects, salaries, etc.), operations, clients, policies and resources which are of a confidential nature. I acknowledge this information is the exclusive property of Adventure Patch.

1. I understand that the organisation requires that strict confidentiality be maintained with respect to all information obtained by me concerning the organisation. Further, I agree that any knowledge gained as a result of my position will remain in strictest confidence.
2. I acknowledge that the information referred to in Clause 1 above could be used to the detriment of the organisation and its activities and thereby undertake to treat as confidential all information, including the organisation's stakeholders, staff, educators, financial status (e.g. budgets, projects, salaries, etc.), operations, clients, policies and resources. I agree not to disclose this information to any third party either during the term I am engaged by the organisation, or at any time thereafter without prior written consent of the organisation, or unless required by law to do so.
3. I agree to exercise due care to ensure that any information I may give to others in the course of my duties, or otherwise, is information that is required to be given and is given to a party entitled to receive such information.
4. I agree not to use my association with the organisation in order to obtain any monetary or other benefit, without the prior written consent of the organisation.
5. I agree I will not discuss the details of my work with any third party or representatives of the media or publicise any of the confidential aspects of my work orally or by written work or any other medium of communication, without the prior written consent of the organisation.
6. I agree to immediately disclose to the organisation any information which may be relevant to, or which may affect my work. I understand this obligation is an ongoing one.
7. I understand that any breach of this agreement shall constitute grounds for, and may result in, termination. I understand that the organisation reserves the right to pursue further legal action in relation to any breach of this agreement.

### Signed:

I confirm that I have read the above confidentiality agreement and the organisation's Governance and Management (including confidentiality of records) policy and procedure. I affirm I will abide by the terms and conditions specified, or as I may otherwise be directed in writing by the organisation's Board of Directors.	
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<b>Name:</b>	<b>Address:</b>
<b>Signed:</b>	<b>Date:</b>

### Witness:

<b>Name:</b>	<b>Address:</b>
<b>Signed:</b>	<b>Date:</b>



## Code of Conduct

### *Each Board member will*

- Seek to gain an understanding of the role of Adventure Patch, its goals and objectives and the relationship to service provision.
- Consider myself to be a trustee of Adventure Patch, and ensure that it is well-maintained, financially secure and operating in a manner which is appropriate and relevant to the needs of the community, and in the best interests of those we serve.
- Promote Adventure Patch Services within the broader community in a positive and professional manner.
- Represent the interests of all people served by Adventure Patch, in a non-discriminatory manner, with children and families being my primary concern.
- Be aware of the responsibilities, including the legal implications, which come with Board membership.
- Remain loyal to the Board and Adventure Patch and do nothing to violate the trust of those who supported my appointment to the Board.
- Attend Board meetings punctually and regularly and tender the normal apologies when unable to do so.
- Approach all Board issues with an open mind and be prepared to make the best possible decisions on behalf of all those served by Adventure Patch.
- Respect and support the majority decisions of the Board.
- Work in a collegiate style with fellow Board members, treating each with dignity and respect, regardless of their individual interests or personal values.
- Value the contribution of others, and work to build an atmosphere which encourages tolerance of the views of others and encourages the use of the personal and professional strengths that each member brings to the Board.
- Adhere to the confidentiality agreement at all times.
- Endorse and promote the code of ethics of the whole of Adventure Patch, of which this Board Code of Conduct is but one part.

I confirm that I have read the above Code of Conduct. I affirm I will abide by the terms and conditions specified, or as I may otherwise be directed in writing by the organisation's Board of Directors.	
<b>Name:</b>	<b>Address:</b>
<b>Signed:</b>	<b>Date:</b>

### **Witness:**

<b>Name:</b>	<b>Address:</b>
<b>Signed:</b>	<b>Date:</b>

