

Board Director Nomination Form



Nominee Details:			
<i>Information marked * is compulsory and is required by the Australian Securities Investment Commission and Australian Taxation Office.</i>			
Full name:*			
Date of Birth*		Place of Birth*	
Other name/s known by:*			
Residential Address:*			
Postal Address:			
Mobile:			
Email:			
I accept the nomination to the Board of Adventure Patch			
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.			
Signature:		Date:	
Secunder Details:			
Name:			
I confirm that I am a member of Adventure Patch and second the above nomination.			
Signature:		Date:	
<p>I acknowledge that my appointment to the Board is conditional upon completion of the following requirements:</p> <ul style="list-style-type: none"> • Review the Adventure Patch AP Privacy-Confidentiality-Policy-POLG0013.pdf and sign the statement of compliance. • Review and sign the Adventure Patch AP Code-of-Conduct-POLC0008.pdf. • I have provided a copy of my National Criminal History Check (issued within the last 6 months). • Provide a copy of a clear National Insolvency Check. • Provide a copy of the ASIC Register for Banned or Disqualified Persons. • Provide a Current and Historical Personal Name Extract from ASIC. • Provide a copy of my Working with Vulnerable Persons check. • Provide a copy of my current driver's licence. • Registered in PRODA. • Complete and provide a copy of the ACECQA Declaration of Fitness & Propriety. • I will comply with all Adventure Patch policies and procedures. • Declared any perceived conflicts of interest. <ul style="list-style-type: none"> ◦ <i>Note: Applicants will not meet conflict-of-interest requirements if they have worked for a childcare service within the past 12 months.</i> 			



Selection Criteria:		
Please comment on your Skills and Knowledge		
Skill Area	Description	
Strategy	Ability to identify strategic opportunities and threats with demonstrated success in developing and implementing strategic priorities and achievement of business objectives.	
Financial literacy/acumen	Ability to read and comprehend corporate accounts, financial materials and financial reporting requirements.	
Risk management & compliance	Experience in implementing, managing or overseeing risk management and compliance frameworks including legal and regulatory compliance.	
Legal Knowledge	Appropriate understanding of legal concepts and frameworks applicable to Directors and the Child Care Sector in which AP operates.	
Qualifications	Formal qualifications or equivalent experience in any of the following fields: <ul style="list-style-type: none"> • Accounting and/or finance • Economics, law, commerce and/ or business • Financial services • Marketing • Early Childhood and Education Care 	
Managing people/achieving change	Experience at a senior level for people management and successful implementation of change.	

Please comment on your INDUSTRY skills & knowledge		
Skill Area	Description	
Industry experience	An understanding of the Early Childhood Education and Care (ECEC) as a parent/guardian or employee	

Please comment on your Corporate Experience

Skill Area	Description	
Advertising/ social media	Experience at a senior level with responsibilities for either advertising or social media activities.	
Board experience	Experience as a director.	
Director qualification/ experience	Completion of a formal qualification/ training in governance or a directorship (e.g. AICD, GIA, or equivalent).	
Cyber Security / IT	Experience in relation to Cyber Security /IT	
Non-for-profit	Experience in relation to Non-for-profit organisations and social responsibility	
Community and stakeholder engagement	Experience in relation to community and stakeholder engagement	

Please provide a brief statement as to why you wish to become a Director and how you will use your skills, qualifications and experience to advocate for Adventure Patch, children and families.

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 the 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.	
Name:	Address:
Signed:	Date:

Witness:

Name:	Address:
Signed:	Date: