# Board Director Candidate details form Gippsland Health Network Limited, trading as Gippsland PHN

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| --- | --- |
| Section 1 |  |
| **Name in full** |  |
| **Gender \****\* Gender information is collected due to reporting requirements. The Department of Health seeks information regarding the gender of Board and Advisory Committee members.* |  |
| **Date of birth\*\****\*\*Date of birth is collected due to insurance requirement to ensure all Board members are adequately insured for Journey Insurance.* |   |
| **Country of birth** (response is optional) |  |
| **Town/Suburb of birth** (response is optional) |  |
| **Do you identify as Aboriginal or Torres Strait Islander?** (response is optional) | Yes No  |
| **Private address** |  |
|  | Postcode: |
| **Postal address**(if the same as above leave blank) |  |
|  | Postcode: |
| **Telephone number** | Private: | Business: |
| Mobile: |
| **E-mail address** |  |  |

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## Section 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Employment****(Please add more rows if required)** | **Employer** | **Position** | **Period of Service** |
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|  |  |  |
| **Previous Employment**(please list) | **Employer** | **Position** | **Period of Service** |
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|  |  |  |
|  |  |  |
| **Current membership of any other bodies (i.e. board membership, committees, council membership, community groups).** |
| **Body** | **Position** | **Period of Service** | **No of times appointed:** |
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|  |  |  |  |

## Section 3

|  |  |
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| **Names, email and contact telephone numbers of 2 referees \*** |  Name: |
| Phone:  |
| Email:  |
|  |
| Name:  |
| Phone:  |
| Email:  |

\***Please note:** Referees will be contacted upon receipt of candidate applications to complete a short referee questionnaire.