# 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 Disability and Aging 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.* |  | |
| **Director ID** |  | |
| **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 and relevant previous membership (past five years) 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: |