



Playgroup
Tasmania

Application for Board Membership - Appointments are made for a 2 year term from the AGM (13 Sept 2017)

Section 1 PERSONAL DETAILS –must be a financial member of Playgroup Tasmania or join on appointment.			
Family Name		Prefix (please tick)	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Given Names			
Preferred Name			
WWC registration number:		Gender Male/Female	
Residential Address			
Street		Suburb	
State		Postcode	
Home Phone		Mobile Phone	
Email			
Postal Address (if different from above)			
Street		Suburb	
State		Postcode	
Home Phone		Mobile Phone	
Email			
Emergency Contact Details			
Contact Name			
Home Phone		Mobile Phone	
Section 2 SKILLS AND COMPETENCIES			
<i>Please indicate if you have skills or experience in any of the following – there is no requirement for any experience. Please also attach CV</i>			
<input type="checkbox"/> Academia (research/education)	<input type="checkbox"/> Audit/Finance	<input type="checkbox"/> Early Childhood	<input type="checkbox"/> Ethics
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Change Management	<input type="checkbox"/> Efficiency and Effectiveness	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Human Resource Management	<input type="checkbox"/> Cultural Diversity	<input type="checkbox"/> ICT	<input type="checkbox"/> Marketing
<input type="checkbox"/> Policy Development	<input type="checkbox"/> Politics	<input type="checkbox"/> Project Management	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Compliance	<input type="checkbox"/> Research and Development	<input type="checkbox"/> Strategic Management	<input type="checkbox"/> Law
Qualifications: (if applicable)			
ACCEPTANCE As a matter of Policy and State legislation, we require all prospective Board Members to agree to Working With Children registration. Please sign below to indicate your permission to undertake the appropriate checks and your willingness to abide by relevant policies.			
I,			
nominate for the position of			
Nominee Signature		Date	
Date Received		Public Officer Signature	
Endorsed by 2 Playgroup Tasmania Board Members			
Name		Name	
Signature		Signature	

I have signed the nomination form signed by two proposers who are voting members

I have attached my CV listing 2 professional referees

I am a financial member of PTas or On election to the Board I will pay the special fee of \$2 to be a financial member of PTas

This form is to be returned to:

Public Officer
C/-: jacinda.armstrong@playgrouptas.org.au
or
PO Box 799 Launceston Tas. 7250