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| **application form**  Board Members (including Chair or Deputy Chairperson)  **Collaborative Centre for Mental Health and Wellbeing** | | | | |  |
| **Name of Entity** | **Victorian Collaborative Centre for Mental Health and Wellbeing (VCC)** | | | |
| **Position applying for** | Chairperson\*  Deputy Chairperson\*  Board Member\*  \*tick all that you wish to be considered for | | | |
| **Title** | Ms  Mr  Mrs  Miss  Dr  Other  \_\_\_\_\_\_\_\_ | | | |
| **Name in Full** |  | | | |
| **Preferred name (if any)\*** |  | | | |
| **Date of Birth\*** | ……../……../……….. | | | |
| **Gender** | Woman  Man  Non-binary  Prefer not to say  I use a different term  Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Residential address and postcode** |  | | | |
| **Telephone (provide at least one)** | \*Business | \*(After Hours | Mobile | |
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| **Email Address** |  | | | |
| **Questions marked with an asterisk (\*) are optional. If you provide this information, it may be used by the Department of Premier and Cabinet, and the Victorian Public Sector Commission (VPSC) to measure diversity in appointments and composition of bodies.** | | | | |
| **Do you identify as having a lived experience of mental illness or psychological distress? \*** | Yes – as a consumer ☐  Yes – as a family member, carer or supporter ☐  Yes – as both a consumer and a family, carer or supporter ☐  No ☐ | | | |
| **Do you identify as Aboriginal or Torres Strait Islander? \*** | Yes – Aboriginal  Yes – Torres Strait Islander  Yes – both Aboriginal and Torres Strait Islander  Prefer not to say  No | | | |
| **Were you or one of your parents born overseas? \*** | Yes  No  Prefer not to say | | | |
| **What country were you born in? \*** | Country:  Prefer not to say | | | |
| **Which language do you mainly speak at home? \*** | Please specify: [Note language spoken at home here] Prefer not to say | | | |
| **Do you identify as being culturally and linguistically diverse? \*** | Yes  No  Prefer not to say | | | |
| **Do you identify as belonging to the LGBTIQA+ community?** | Yes  No  Prefer not to say | | | |
| **Would you like to share if you’re a person with a disability? \*** | Yes  No  Prefer not to say | | | |
| **Have you lived overseas in the last 10 years for greater than 12 months** | Yes  No | | | |
| **Current position/company**  **(Include year commenced)** | [Please complete for current paid role, title, company and year started] | | | |
| **Current board and recent board roles, including as Chair** | [Please complete for current Board/Committees and year commenced] | | | |
| **Core Skills/Areas of Expertise** | | | | |
| Please chose up to three (3) core skills that you will bring to the board.  These skills may be across Tier 1 and Tier 2.  These skills are described in more detail in the Board Information Pack. | **Tier 1 – Specialist skills necessary for a board**  • Lived experience leadership (consumer) ☐  • Lived experience leadership (carer) ☐  • Mental health sector knowledge ☐  • Registered clinician ☐  • Corporate governance ☐  • Innovation and system transformation ☐  • Financial management and accounting ☐  • Audit and risk management ☐  • Law ☐  • Research (mental health or social sciences) ☐  • Clinical governance ☐   * Public Administration ☐ | | | |
| Please select any areas you consider to be your secondary/additional skillsets that you will bring to the board. | **Tier 2 – Specialist skills important for a board**  • Aboriginal health and wellbeing ☐  • Community services sector knowledge ☐  • Workforce development, learning and teaching ☐  • Asset management ☐  • Communications and stakeholder engagement ☐  • Human resources management ☐  • ICT strategy and governance ☐   * Diverse perspectives: ability to draw on and/or engage with insights from diverse perspectives in terms of gender, cultural background, sexuality, ability, and age ☐ | | | |
| **Statements** | | | | |
| **Statement 1**  Please write a statement of 150 – 200 words describing the leadership skills, expertise and the attributes you would bring to the Collaborative Centre Board, with a specific focus on your experience in governance and leadership in Boards, Management Committees, or a similar group/collective environment. Please include experiences of setting strategic direction for an organisation during periods of change. |  | | | |
| **Statement 2**  The Collaborative Centre models full and effective participation of people with lived experience. This includes lived experience of mental illness and psychological distress, suicide, addiction and/or substance use, and families, carers and supporters.  Please write a statement of 150 – 200 words describing your commitment to the value of consumer and carer lived experience leadership and participation. |  | | | |
| **Statement 3 for Chair or Deputy Chair applicants**  **(complete if you are applying for either role)**  Please write a statement of 150 – 200 words further describing the leadership skills, expertise and the attributes you would bring to the role of Chair or Deputy Chairperson, with a specific focus on your experience in governance and leadership roles. |  | | | |
| **Statement 4 for Chair or Deputy Chair applicants**  **(complete if you are applying for either role)**  Please write a statement of 150-200 words describing your experiences and collective leadership skills in promoting Board and sector cohesion, including your approach to addressing division and fostering understanding, respectful dialogue and inclusivity to bring communities together. |  | | | |

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| **Referees**  Please list below the details of two professional/Board/Committee referees who may be contacted if you are considered for interviews. Ensure to include all fields: | |
| **Referee 1** | Name: |
| Title: |
| Organisation: |
| Contact number: |
| Email (work email preferred): |
| LinkedIn or corporate URL weblink: |
|  | Describe your professional or Board/Committee relationship: |
| **Referee 2** | Name: |
| Title: |
| Organisation: |
| Contact number: |
| Email (work email preferred): |
| LinkedIn or corporate URL weblink: |
|  | Describe your professional or Board/Committee relationship: |

**PRIVACY**

Your information will be stored in the Department of Health Victorian Public Sector Commission and Public Entities database (GAPED) and will be assessed by authorised government officers and state departments. Wherever practicable, the information stored in GAPED will be made available to authorised personnel in a de-identifiable format to allow accurate reporting on board profiles.

Limited information is provided on a publicly available Victorian government website. This includes first name, surname, the term of current appointment and position on the board. Further information is available from the Department of Health website: <https://www.health.gov.au>

SHK Asia Pacific, known as SHK, are assisting the Department of Health (The Department) with this process. SHK’s privacy policy is available at <https://www.shk.com.au/privacy-policy>

SHK and the Department treat all personal information provided by an individual in support of an appointment application in accordance with the Privacy and Data Protection Act 2014, the Health Records Act 2001 and the Public Records Act 1973.

When you provide us with information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application process.

Please attach a full and detailed Personal Resume to include the information summarised on page 6 of the information document.

**CONSENT**

I consent to SHK and the Department’s use of personal information on this form and in my accompanying personal resume (including any sensitive information such as racial or ethnic origin, and health information such as whether I have a disability) as part of administering appointments to statutory authorities and advisory committees. This information may be included in submissions to Cabinet and/or Governor in Council and shared with other Victorian public sector organisations involved in the administration of appointments. Where you do not provide the information required by this form, we may be unable to process your application. Should you wish to gain access to your personal information held by the Department of Health, please contact the Department’s Freedom of Information Unit via <foi@health.vic.gov.au> or 1300 366 356.

The Department requests your permission for:

• personal information to be entered onto the Government Appointed Public Entities Database

• this personal information to be shared between other government departments

• limited personal information, as previously described, to be made publicly available on a Victorian Government website.

I also consent to providing a completed Declaration of Private Interests, and grant permission for the conduct of probity checks, which will consist of:

• a criminal record check Australia wide by Crim Trac

• a check of the Australian Securities and Investment Commission (ASIC) register of persons prohibited/disqualified by ASIC under the provisions of the Corporations Act 2001

• a check of the Australian Financial Security Authority (AFSA) National Personal Insolvency Index which contains information about proceedings and administrations under the Bankruptcy Act 1996.

I grant permission for inquiries that may be made to establish the accuracy of any of the information provided by me in this form and accompanying attachments and to determine my suitability for nomination and I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that the Offices of the Minister and the Parliamentary Secretary, of the Department and selection panels may make these inquiries of any persons or organisations they consider appropriate



Signature: Date:

**OR**

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| If you are unable to sign, please complete | CONFIRMATON I am submitting via online means  DATE (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

To receive this document in another format or if you require specific assistance (on accessing the documents, we can’t advise on content inclusions) please **email** Senior Partner Penny Wilson on [penny.wilson@shk.com.au](mailto:penny.wilson@shk.com.au) or Associate Partner Lilli Vagnarelli on [Lilli.Vagnarelli@shk.com.au](mailto:Lilli.Vagnarelli@shk.com.au) .Or call SHK on +61 3 8620 8000 and describe your need, or the language you require, and we will endeavour to assist.

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| **Check List** | |
| **Have you filled in all required fields?** | * Name * Address * Phone * Email * Optional personal details * Primary skills (up to three) * Secondary skills (up to Three * Languages * Statements x2 for Member, x4 for Chair or Deputy Chairperson * Referees x2 * Signature OR online submission confirmation box   **Please lodge the Application Form in place of a ‘cover letter’,** in addition to your Resume (CV) at the SHK application point on the advertisement at ‘apply for this job’ (a button at the top right of the screen). Your CV should address the criteria in the candidate information materials.  See the Candidate Information Brief for more information available within the SHK advertisement.  Thank you for your participation. |