



Application for the position of Director of the WoTL Board 2021

Full first name *	
Last name *	
Residential address	
Suburb/Town	
State	
Postcode	
Postal address (if different)	As above
Suburb/Town	
State	
Postcode	
Home phone	
Business phone	
Mobile phone	
Email *	
LinkedIn profile (if available)	
Current Board memberships Name of organisation and position held	
How did you find out about the board position	

BREIFLY DESCRIBE IN 500 WORDS OR LESS HOW YOU MEET THE ESSENTIAL QUALITIES

- Commitment to WoTL and its values
- Leadership and governance
- Delivery focus
- Business acumen
- Strategy and planning

BREIFLY DESCRIBE IN 300 WORDS OR LESS HOW YOU MEET THE PERSONAL ATTRIBUTES

- Good English verbal and written communication skills
- Skilled and experienced in working collaboratively and building networks
- Capacity to operate remotely as part of a team using technological platforms
- Prepared to travel as necessary
- Dependable with a proven track record of delivering on commitments
- Sound independent judgement, ability to think creatively and share opinions candidly
- Exercises the principles of public life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

BREIFLY DESCRIBE IN 300 WORDS COMPETENCY IN DESIRABLE SKILLS AND EXPERIENCE:

- Commercialisation and product development
- Relationship management and networks
- Industry knowledge/experience
- Marketing, promotions and communications.
- Finance
- Information and communication technology
- Innovation, disruption and change management
- Program design and evaluation
- Legal knowledge

PLEASE PROVIDE A BRIEF STATEMENT OF 300 WORDS OR LESS TO DEMONSTRATE WHY YOU ARE INTERESTED IN THE POSITION AND PRESENT YOUR GOALS AND STRENGTHS THAT YOU WOULD BRING TO THE BOARD IN THIS ROLE.

THIS STATEMENT IS CIRCULATED TO WOTL MEMBERS AS PART OF THE AGM VOTING PACKAGE.

REFEREES *Details for two referees are required.*

Referee 1:	Name *	
	Relationship to applicant *	
	Phone *	
	Email	

Referee 2:	Name *	
	Relationship to applicant *	
	Phone *	
	Email	

* Denotes that this question is mandatory.

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR PERSONAL COMMITMENT TO SERVING ON THE WOTL BOARD. I CONFIRM MY PERSONAL COMMITMENT AS A BOARD MEMBER:

1. I understand the time commitment for the board and am able to devote sufficient time to the Board.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
2. I have read the WoTL Ltd Board Role Description and understand my responsibilities as a board member.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
3. I am willing and able to travel to at least one face-to-face Board Meeting per year.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
4. I am available to attend at least 75% of the monthly Board Meetings via conference call and to collaborate remotely throughout the year to fulfill my role.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

PRIVATE INTERESTS DECLARATION * responses to all items on this page are mandatory

NAME	
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Please answer the following questions by ticking the reply that applies to your personal circumstances.

If you answer 'yes' to any question, please provide details on the blank page after this form. Please note that answering 'yes' to any question does not necessarily preclude you from being appointed.

Your response will be treated as confidential and will only be used for purposes connected with this proposed appointment.

5. Do you have any disclosable criminal convictions, i.e. convictions as an adult that form part of your criminal history other than those protected by the Spent Convictions Scheme (see VIIC of the <i>Crimes Act 1914</i>)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you, or have you been, the respondent or defendant in any civil or criminal court action (including as a company director or other office holder)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. (a) Have you ever been declared bankrupt, entered into a debt agreement under Part IX of the Bankruptcy Act 1996 (the Bankruptcy Act) or entered into a personal insolvency agreement under Part X of the Bankruptcy Act? (b) If you are in a partnership, have any of your partners ever been declared bankrupt, entered into a debt agreement under Part IX of the Bankruptcy Act or entered into a personal insolvency agreement under Part X of the Bankruptcy Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Has any business or commercial enterprise for which you, or if applicable your partner(s), have had responsibility ever gone into receivership or a similar scheme or arrangement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. During the last 10 years have you, or if applicable your partner(s), been the subject of a court order in connection with monies owing to another party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you ever been summonsed or charged concerning non-payment of tax or outstanding tax debts, investigated for tax evasion or defaults, or negotiated with the Australian Taxation Office over outstanding debts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you ever been the subject of a complaint to a professional body which has been substantiated, or is currently under investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you ever been dismissed from employment because of a discipline or misconduct issue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Do you or your immediate family have any financial interest in any company or business, or are you or your immediate family employed or engaged by any company or business, which might have dealings with, or an interest in the decisions of, the office to which you may be appointed? If yes, include advice on the next page on how this conflict of interest would be managed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Is there any other information which could be relevant to your suitability for the proposed appointment? (If yes, please provide details below:	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROPOSER OF THE NOMINATION

Name *

Signature

Phone *

Email

SECONDER OF THE NOMINATION

Name *

Signature

Phone *

Email