**PP&VA BOARD SELF NOMINATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact details | | | | | | | | | | | | | |
| First name | |  | | | Last name | | |  | | | | | |
| Preferred salutation | | Dr/ Mrs/ Miss/ Mr/ Ms | | | Post nominal (if any) | | |  | | | | | |
| Street address | |  | | | | | | | | NSW | 2….. | | |
| Postal address (if different) | |  | | | | | | | | | | | |
| Tel (BH) |  | ❑ | Tel (AH) |  | | ❑ | Mobile | |  | | | | ❑ |
| Email | |  | | | | | | | | | | ❑ | |
| *Please also indicate your preferred contact by ticking box adjacent.* | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal details | | | | | | | | | | | | | | | | |
| Please describe your reasons for nominating to the PP&VA Board | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| PP&VA seeks to have a broad representation of diverse skills across its Board membership to best support governance of the organisation - please indicate the particular skills or areas of expertise or knowledge that you would bring to the PP&VA Board | | | | | | | | | | | | | | | | |
| Legal | ❑ | | Business | ❑ | | Management | ❑ | Accountancy/Finance | | | | ❑ | Fundraising/Development | | | ❑ |
| HR | ❑ | | Government | ❑ | | Arts practice | ❑ | Arts management | | | | ❑ | Education | | | ❑ |
| IT | ❑ | | Marketing | ❑ | | Planning | ❑ | Policy | | | | ❑ | Infrastructure | | | ❑ |
| Retail | ❑ | | Medical | ❑ | | Governance | ❑ | Social services | | | | ❑ | Other | |  | |
| Please expand on your key areas of expertise in the space provided | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please provide details of any previous Board or Committee memberships and experience | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Please indicate your preferred term length if you are appointed: | | | | | | | | | | | | | | | | |
| Two years | | | | | ❑ | | | | | Four years | | | | ❑ | | |
| Please provide details of two professional referees | | | | | | | | | | | | | | | | |
| 1.Name: | |  | | | | | | | 2. Name: | |  | | | | | |
| Email: | |  | | | | | | | Email: | |  | | | | | |
| Tel: | |  | | | | | | | Tel: | |  | | | | | |
| Thank you for your interest in our organisation. | | | | | | | | | | | | | | | | |