**PP&VA BOARD SELF NOMINATION FORM**

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| --- |
| 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 |
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| 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. |