**Curriculum Vitae Pro forma**

* *Please complete for board member nominees, both new members and reappointed members, with a maximum of two pages for each nominee.*
* *Please return to the Department of Health in both PDF and word format.*

The following information is required by the Department of the Premier and Cabinet from board member nominees (for both new members and reappointed members). Maximum of two pages for each member. *[This text to be deleted when pro forma completed*].

**Title** Mr/Mrs/Ms/Miss/Mx/Dr/Prof….

**Full Name**

**Postal Address**

**Contact Telephone Number**

**Email Address**

**Date of Birth** dd/mm/yyyy

**Current employer and position:**

**Work history relevant to board position:**

* [List]

**Voluntary involvement relevant to board position:**

* [List]

**Qualifications/training:**

* [List]

**Other board experience (list all current positions):**

* [List]

**Current contact details of two (2) referees:**

* [Referee 1] – must include name, job title (if applicable) and contact details
* [Referee 2] – must include name, job title (if applicable) and contact details

The following information provides important data on the diversity of board membership across government and helps assess achievement of these outcomes. *[This text to be deleted when pro forma completed].*

Aboriginal Yes / No

Torres Strait Islander Yes / No

Person with a disability or special needs Yes / No If yes, please specify

Language other than English spoken at home Yes / No If yes, please specify

Country of Birth – Australia Yes / No If no, please specify