NATSIAACC

National Aboriginal & Torres Strait Islander
Ageing and Aged Care Council

Elders Council Application Form

Applicant Details			
Surname:		Given Name/s:	
Mobile Number:		Date of Birth:	
Email Address:			
Home Address:			
Aged Care Provider Name:			
Aged Care Provider Address:			
How long have you been with this Provider:			

Application Details	
Jurisdiction Applying For:	☐ NSW ☐ QLD ☐ ACT ☐ NT ☐ SA ☐ TAS ☐ WA ☐ VIC
Would you be open to being selected as Chair or Deputy Chair?	☐ Chair and/or ☐ Deputy Chair

Support from a Full Member Organisation within your state/jurisdiction

Did you gain support from a Full Member Organisation?

☐ Yes ☐ No

If yes, please ensure you attach the support letter to your submission with your application form.
If no, please explain why:

Full Membership Organisation Name:	
Full Member Organisation Address:	
Full Member Organisation Contact Person:	

Selection Criteria

Do you identify as Aboriginal and/or Torres Strait Islander?

☐ Aboriginal and/or ☐ Torres Strait Islander

If not applicable, please provide nationality:

Have you received Aged Care services for a minimum of 12 months?

☐ Yes ☐ No

If no, are you able to speak to the needs of people who have received such services? If so, please explain below:

www.natsiaacc.org.au
ABN: 19 654 686 450
info@natsiaacc.org.au
PO Box 107, Fyshwick, ACT, 2609

Are you prepared to provide cultural guidance to the NATSIAACC Board of Directors on matters relating to the delivery and improved access to Aged Care services to Aboriginal and Torres Strait Islander Peoples? ☐ **Yes** ☐ **No** **If no, please explain:**
Are you able and prepared to travel interstate to attend face-to-face meetings as required? ☐ **Yes** ☐ **No** **If no, why not:**
Are you able to commit to the required term (3 years), the Elders Council meetings, any additional meetings and pre-readings that is required by the Elders Council Members? ☐ **Yes** ☐ **No** **If no, why not:**
Why do you want to be a Member of the Elders Council?
How would NATSIAACC benefit from you becoming a Member of the Elders Council?

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Do you have any conflicts of interest that NATSIAACC has to be aware of when considering your application? ☐ **Yes** ☐ **No** **If yes, please explain:**
Do you have any additional information you would like to share with NATSIAACC to support your application to become a member of the Elders Council?

Applicant Signature

I declare that I have read the Expression of Interest and understand the role of the Elders Council, their responsibilities and the required commitments and consent to hold the position as a member of the Elders Council for the relevant State/Territory Jurisdiction, if appointed. ☐ **Yes** ☐ **No**
I declare that the information I have entered into this application form is true and correct at the time of submission. ☐ **Yes** ☐ **No**
I hereby declare my consent for my interest in the role to become a member of the Elders Council to be recorded. If I am not successful in obtaining a position this round, I consent for my application to be included in a pool of applicants who may be considered for future member roles of the Elders Council within the relevant State/Territory jurisdiction with NATSIAACC. ☐ **Yes** ☐ **No**

Full Name:	
Signature:	
Date:	

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For Board of Director Use Only				
How did NATSIAACC connect with this applicant:	☐ NATSIAACC Expression of Interest ☐ Recommendation by a current NATSIAACC Board of Director ☐ Recommendation by a Full Member Organisation ☐ Recommendation by NATSIAACC Employee ☐ External/Public Advertisement (if applicable) ☐ Other:			
Applicant has provided letter of support by a Full Member Organisation:		☐ Yes ☐ No		
Applicant has answered all selection criteria questions:		☐ Yes ☐ No		
Application has been provided to the Board of Directors:	☐ Yes ☐ No ☐ Not Applicable		Date:	
Application has been reviewed by the Board of Directors:	☐ Yes ☐ No ☐ Not Applicable		Date:	
If more than one application, relevant applications has been provided to relevant Jurisdiction Members:	☐ Yes ☐ No ☐ Not Applicable		Date:	
Being elected by the relevant jurisdiction Members:	☐ Yes ☐ No ☐ Not Applicable			
Action taken by either the relevant Jurisdiction Members or the Board of Directors:				

Board of Directors Authorisation & Sign Off	
Poll information has been reviewed by the Board of Directors:	☐ Yes ☐ No
Chosen applicant has been endorsed by the Board of Directors: ☐ Yes ☐ No If no, provide details:	
Chairperson Signature:	
Chairperson Name:	
Date:	

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