NATSIAACC

National Aboriginal & Torres Strait Islander
Ageing and Aged Care Council

Finance, Risk and Audit Committee (FRAC) Application Form

Applicant Details			
Surname:		**Given Name/s:**	
Mobile Number:		**Date of Birth:**	
Email Address:			
Home Address:			

Application Details	
Would you be open to being selected as Chair or Deputy Chair?	☐ **Chair** **and/or** ☐ **Deputy Chair**
Are you currently a Director of NATSIAACC?	☐ **Yes** ☐ **No**
Are you currently a Member of NATSIAACC?	☐ **Yes** ☐ **No**

If no, please describe your connection or interest in NATSIAACC's Work:

Skills and Experience

Please provide brief information against the following areas (as relevant):

Financial Management or Accounting Experience *(e.g., budget oversight, financial reporting, or audit preparation)*:

Risk Management and Compliance *(e.g., identifying and managing organisational or operation risks)*:

Governance, Strategy, or Board/Committee Experience *(e.g., service on a board, committee, or in a leadership position)*:

Cultural and Community Connection *(e.g., understanding of Aboriginal and Torres Strait Islander perspectives in governance, finance or service delivery)*:

Integrity and Independence *(e.g., ability to exercise sound judgement, maintain confidentiality, and manage potential conflicts of interest)*:

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

Commitment	
Are you able to commit to:	
A three (3) year term (with the option to renew for one additional term):	☐ Yes ☐ No
Attending at least four (4) meetings per year	☐ Yes ☐ No
Pre-reading and preparation for Committee Meetings	☐ Yes ☐ No
Upholding confidentiality and NATSIAACC's Code of Conduct	☐ Yes ☐ No
Acting with independence and integrity in all Committee matters	☐ Yes ☐ No

Conflict of Interest Declaration

Do you have any current or potential conflicts of interest (financial, personal or professional) that NATSIAACC should be aware of?

☐ Yes ☐ No

If yes, please explain:

Confidentiality and Independence Declaration	
Do you agree to:	
Maintain confidentiality of all Committee discussions and materials	☐ Yes ☐ No
Use information obtained only for the purpose of fulfilling Committee responsibilities	☐ Yes ☐ No
Disclose any potential conflicts of interest if they arise during the term	☐ Yes ☐ No
Refrain from using your position for personal or financial gain	☐ Yes ☐ No

Supporting Documents

Please attached:

- A short cover letter
- Resume or summary of experience

Applicant Declaration	
I declare that:	
I have read and understood the Finance, Risk and Audit Committee Expression of Interest	☐ Yes ☐ No
The information provided in this application is true and correct	☐ Yes ☐ No
I consent for my application to be held on record for future consideration, should a vacancy arise.	☐ 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 Member Organisation ☐ Recommendation by NATSIAACC Employee ☐ External/Public Advertisement (if applicable) ☐ Other:		
Applicant has provided cover letter and resume/summary of experience:		☐ 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:	

Board of Directors Decision
☐ Appointed ☐ Not Appointed ☐ Deferred
Comments/actions from Board of Directors Decision:

Board of Directors Authorisation & Sign Off	
Chairperson Signature:	
Chairperson Name:	
Date:	

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