



Australia Day
Australia Day Council
Northern Territory

Application for Board Membership

PERSONAL DETAILS

Full name including title: _____

Postal address: _____

Suburb: _____ State _____ Postcode: _____

Home address : _____

Occupation: _____ DOB: _____

Business number: _____ Private number: _____

Mobile number: _____ Email address: _____

CHECK LIST

Please ensure you complete/attach the following items;

- Personal details
- Application addressing the selection criteria
- A current photograph
- An up to date curriculum vitae
- Signed declaration of eligibility
- Include referees

SELECTION CRITERIA

- I. What are your key areas of interest related to the Australia Day Council NT?
- II. Outline the skills and knowledge you have that will assist the Australia Day Council NT.
- III. List relevant professional membership association or community activities you are involved with.
- IV. List any previous experience as a member of a committee, advisory group, board or volunteer within the community sector.
- V. Have you had any previous involvement with Australia Day programs, events or awards?
- VI. Do you have any suggestions on ways to improve the effectiveness of the Australia Day Council NT?

REFEREES

This application must include two referees

Full name: _____ Contact number: _____

Full name: _____ Contact number: _____

DECLARATION OF ELIGIBILITY

In completing my nomination form for the Australian Day Council NT Inc.

I certify that I am:

1. Over the age of 18 years old
2. An Australian Citizen
3. Resident of the Northern Territory
4. Not a person who is insolvent under the administration or a disqualified person.
5. Not a person who has been convicted within or outside the Territory
 - On an indictment of an offence in connection with the promotion, formation or management of a body corporate.
 - Of an offence involving fraud or dishonesty punishable on conviction by imprisonment for not less than 3 months;
 - Of an indictable offence.
 - Of an offence against the Associations Act.
 - Or a prescribed offence.

I declare to the best of my knowledge, the information provided in this form is true and correct.

Applicants signature: _____ Date: _____

APPLICATIONS CLOSE

4:00pm on Friday 19 July 2024

ADDRESS & CONTACT DETAILS

Postal: GPO Box 1934, Darwin NT 0801

Phone: 08 8989 5290

Email: director@adcnt.org.au