



The Northern Eyre Peninsula Health Alliance (NEPHA)

Board Member Application Form

Name	
Address	
Phone	
e-mail	

I am applying to represent the following community (tick one)

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Cowell | <input type="checkbox"/> Cleve |
| <input type="checkbox"/> Kimba | <input type="checkbox"/> Elliston |
| <input type="checkbox"/> Wudinna | <input type="checkbox"/> Streaky Bay |

I am applying in the following category (tick one)

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Elected member of a District Council | |
| <input type="checkbox"/> Chief Executive Officer of a District Council | |
| <input type="checkbox"/> Practising General Practitioner (GP) | AHPRA Number: _____ |
| <input type="checkbox"/> Community/Business Representative | Business Interest: _____ |

Please outline why you are interested in being a part of the NEPHA Board.

Please outline the expertise you would bring to the NEPHA board.

Please describe the skills you have that would make you an effective member of the Board

Please provide two referees.

Referee Name: _____ Phone: _____

Relationship to applicant: _____

Referee Name: _____ Phone: _____

Relationship to applicant: _____

I declare that

- I am over the age of 18 years
- I have the legal capacity to participate as a member of Board.
- I do not have conflicts or interests that would prevent me from being an effective and objective Board member.
- I am able to make myself available to attend monthly meetings either in person or using technology when possible and provide advice to the executive officer of the Board if I am unable to attend.
- By completing this application I am consenting to being a member of the NEPHA Board.

Signed: _____

Name: _____

Date: _____

Please return the completed application form to:

Health.EFNOCEOCorrespondence@sa.gov.au.