



# PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

ICN: 7355

PO Box 2021  
40-46 Dartmouth Street

## MEMBER DIRECTOR NOMINATION FORM

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby apply to become a Member Director of Pika Wiya. By signing this form, I consent to becoming a Director of Pika Wiya, and confirm that:

1. I meet the eligibility criteria to become a Director in the Pika Wiya Rule Book;
2. I am not disqualified from becoming a Director of Pika Wiya;
3. I have obtained, or have submitted an application to obtain, a Directors Identification Number.

My background is: \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

My vision for Pika Wiya is:

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\_\_\_\_\_

**Please turn over to page 2**

I have the following skills and/or experience:

Skill	Personal rating	Description of qualification or experience
Governance, management, planning or delivery of Aboriginal Health Services	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	
Governance, management, planning or delivery of Aboriginal or not-for-profit services	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	
A professional background in health	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	
Understanding of the health needs of the Aboriginal Community in the Catchment Area	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	
Ability to contribute to the development of culturally appropriate health services or programs	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	
Skills, knowledge and experience in Aboriginal cultural matters	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	
Skills, knowledge or experience in finance, human resources, industrial relations, physical resource management, strategic planning, marketing or other relevant fields	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	
Active engagement in the Catchment Area with the Aboriginal community	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	
Holding a position of respect within the Aboriginal Community	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	
Other relevant skills/qualifications	Highly skilled: <input type="checkbox"/> Some skill: <input type="checkbox"/> N/A: <input type="checkbox"/>	

**Please Return this form along with any supporting documents to the Secretary, Pika Wiya Health Service Aboriginal Corporation (PWHSAC) at email: [Dianne.Stahl@pikawiyahealth.org.au](mailto:Dianne.Stahl@pikawiyahealth.org.au) by close of business Monday 14 October 2024**