

**Expression of interest form**

**Western Australian Health Promotion Foundation (Healthway) – Board Member**

**Western Australian Health Promotion Foundation Act 2016**

1. Please return your completed form either by:

* Email – [healthwayappointments@health.wa.gov.au](mailto:healthwayappointments@health.wa.gov.au)
* Mail –

Western Australian Health Promotion Foundation –

Board Appointments

Department of Health

PO Box 8172

PERTH BUSINESS CENTRE WA 6849

1. The closing date for expressions of interest is 14 August 2017.
2. Successful applicants only will be notified of their appointment.
3. **Personal details**

|  |  |
| --- | --- |
| Title |  |
| Full name |  |
| Date of Birth |  |
| Gender |  |
| Postal Address |  |
| Telephone |  |
| Email |  |

1. **Category of experience**

Pursuant to section 11 of the Act, members must have knowledge of and experience in one or more of the following areas: arts, finance, governance, health, law, management, marketing or sport. Please tick the area or areas of your knowledge and experience.

* Arts
* Finance
* Governance
* Health
* Law
* Management
* Marketing
* Sport

1. **Qualifications, employment, experience and membership of other bodies**

|  |  |
| --- | --- |
| Qualifications and training |  |
| Current Employment |  |
| Work history and experience relevant to Board position |  |
| Voluntary involvement relevant to Board position |  |
| Other Board experience |  |
| Contact details of 2 referees |  |

1. **Optional information**

The following information is optional and provides data on the diversity of Board membership across government.

|  |  |
| --- | --- |
| Aboriginal | Yes/No |
| Torres Strait Islander | Yes/No |
| Country of Birth – Australian | Yes/No  If no, please specify |
| Language other than English spoken at home | Yes/No  If no, please specify |
| Person with a disability or special needs | Yes/No  If no, please specify |