



State Aboriginal Heritage Committee Nomination Form

Part One: Nominee's Details

Personal Information			
First name		Last name	
Preferred name			
Address			
Postcode		State	
Telephone:	()	Mobile	
Fax:		Email	
Date of Birth (Optional):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Which Aboriginal language group or groups do you identify with?			
Nomination details			
Are you self-nominating or is a person or an organisation nominating you?	<input type="checkbox"/> Self-nominating* <input type="checkbox"/> Nominated by a community member <input type="checkbox"/> Nominated by an Aboriginal organisation, board or community group <i>*If you are self-nominating, you are encouraged to first seek the endorsement of a local representative Aboriginal body, such as your language group's native title or heritage organisation, and provide a letter of support from them if possible.</i>		
Employment History			
Current Employment details (if applicable)	Name of organisation		
	Position		
	Years/months in the position		

If you've been in your current position for less than two years, please list previous employment details:	1.	Employer	
		Position	
		Duration	
	2.	Employer	
		Position	
		Duration	

Qualifications /Training

What is the highest level of education/training you have achieved?	Please tick only one box	
	<input type="checkbox"/> University / TAFE <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 7 – 9 or equivalent <input type="checkbox"/> Other: _____

What qualifications do you hold?	Please list in order of completion, the certificate, traineeship, University/TAFE or other training courses you have completed.	
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	1.	Name of institute/organisation	
		Course name	
		Year completed	
	2.	Name of institute/organisation	
		Course name	
		Year completed	
	3.	Name of institute/organisation	
		Course name	
		Year completed	

Board & Committee Experience				
Do you have experience on boards and/or committees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the organisation/s, position/s held and length/s of term			
	1.	Name:		
		Position		Duration
	2.	Name:		
		Position		Duration
	3.	Name:		
Position			Duration	
Other Information				
Have you previously been appointed to the State Aboriginal Heritage Committee (SA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, year of appointment and length of term			
How did you hear about the State Aboriginal Heritage Committee (SA)?	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet/Email/Social media		
	<input type="checkbox"/> Noticeboard	<input type="checkbox"/> Word of mouth		
	<input type="checkbox"/> Other _____			
Are you able to commit to attend meetings every five to six weeks (or as required) in Adelaide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mostly – I have a potentially competing commitment to: _____			
Are you committed to meeting preparation, including reading meeting papers beforehand?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If unsuccessful, do you wish your details to be held for two years for future vacancies?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Part Two: Selection Criteria

If you require more space please use additional paper and attach it to your nomination.

1. Please describe your knowledge of and experience in the protection and preservation of Aboriginal cultural heritage in South Australia.

2. The State Aboriginal Heritage Committee (Committee) is required to advise upon challenging and complex heritage matters. Please describe your knowledge and understanding of the challenges and complexities facing Aboriginal communities and organisations in a cultural heritage preservation and management context.

3. Committee members are required to exercise confidentiality, procedural fairness and good governance, and are subject to a Code of Conduct. Please describe what being a good Committee member means to you.

4. Committee members are required to declare real and perceived conflicts of interest at each meeting. This includes your interests and potentially those of people close to you. What does a “conflict of interest” mean to you? Please give an example of where you may have to declare an interest to the Committee.

5. What do you know about the *Aboriginal Heritage Act 1988 (SA)*?

6. Which of your skills and/or experiences will make the best contribution to the work of the Committee?

7. Why would you like to be a member of the Committee?

Referees

Please list the names and contact details of two current referees who can speak about your heritage knowledge and interest.

1	Name		Relationship to you	
	Telephone:	()	Mobile	
2	Name		Relationship to you	
	Telephone:	()	Mobile	

Nominator's details (if applicable)

Name of nominator		Phone	
Organisation			
Why are you nominating this person for membership of the State Aboriginal Heritage Committee? (Statement of support)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Signature of Nominator	___ / ___ / ____		

I accept the above nomination for appointment to the State Aboriginal Heritage Committee.

Signature of Nominee	
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Nominee's Signature

I acknowledge that if I'm successful in being appointed to the Committee, I will agree to the conditions of appointment set by the Premier.

Name	
Signature	___ / ___ / ____

Letter of support for my self-nomination is attached.

Please submit nominations to

Ms Jill Walsh

Executive Officer – State Aboriginal Heritage Committee

Aboriginal Affairs and Reconciliation - DPC

GPO Box 2343

Adelaide SA 5001

Or via email: jill.walsh@sa.gov.au

NOMINATIONS CLOSE WEDNESDAY 16 JUNE 2021

Late nominations will not be accepted

For further information please call (08) 8226 8900