

# Expression of Interest Form Partners 4 Health Ltd Director

#### **Your Personal Details**

Family Name						
Given Name						
Have you ever been	□No □ Yes					
known by another name?	If yes, please provide details:					
Do you identify as of	☐Aboriginal descent					
Aboriginal or Torres Strait Islander	☐Torres Stra	ait Islander descen	t			
descent?	□Aboriginal	and Torres Strait I	slander des	scent		
	□No					
Gender	☐Male ☐F	☐Male ☐Female Date of Birth		Birth		
Town/City of Birth	Country of Birth		of Birth			
Your Contact Details	<b>i</b>					
Telephone	Home			Business		
	Mobile					
Email						
Residential Address						
	Suburb				Postcode	
Your Employment Do	etails					
Your Occupation						
Your Employer						
Business Address						
	Suburb				Postcode	



www.brisbanenorthphn.org.au

Level 1, Market Central 120 Chalk Street, Lutwyche QLD 4030 PO Box 845 Lutwyche QLD 4030 t 07 3630 7300 f 07 3630 7333

#### **Your Propriety**

1)	Have you ever been convicted of a criminal offence under the laws of Australian or of a foreign country?	□No □ Yes
	If yes, please provide details:	
2)	Have you ever been bankrupt under the laws of Australian or of a foreign country?	□No □ Yes
	If yes, please provide details:	
3)	Have you ever been disqualified from managing or directing a corporation (whether in Australia or elsewhere)?	□No □ Yes
	If yes, please provide details:	
4)	Has a personal representative or trustee ever been appointed to administer your property on the grounds of mental incapacity?	□No □ Yes
	If yes, please provide details:	
5)	Are there any unsatisfied judgments against you in any court of law?	□No □ Yes
	If yes, please provide details:	
6)	Have you ever been investigated for professional misconduct?	□No □ Yes
	If yes, please provide details:	
7)	Are you able to pay your debts as and when they fall due?	□No □ Yes
	If no, please provide details:	
8)	Are you aware of any other matters which may be relevant to an assessment of your character, diligence, honesty, integrity or judgment?	□No □ Yes
9)	Are you willing to undergo checks on you at any time during your engagement with Partners 4 Health including, but not limited to:	□No □ Yes
	a) national criminal history check; and	
	b) relevant director history checks?	
Co	nflicts of Interest	
10)	Do you have any interests in a contract or proposed contract with Partners 4 Health Limited?	□No □ Yes
	If yes, please provide details:	
11)	Do you hold an office or have an interest, whereby whether directly or indirectly, a conflict could arise with your duties and interest as a Director of Partners 4 Health Limited?	□No □ Yes
	If yes, please provide details:	

### Your Knowledge, Skill & Experience

12) Do you have any tertiary qualifications?	□No □ Yes		
Provide details on relevant page over leaf			
13) Have you ever been a Director or manager?	□No □ Yes		
Provide details on relevant page over leaf			
14) Have you ever been a principal/partner of a professional services firm?	□No □ Yes		
Provide details on relevant page over leaf			
15) Are you a member of a professional or industry body?			
Provide details on relevant page over leaf			
16) Do you have any other qualifications or experience which you believe make you suitable to be a member of the Partners 4 Health Ltd board?	□No □ Yes		
a) Please give specific examples of contributions you have made to your most recent director positions over the last 3 years.			
Provide details on relevant page over leaf			
17) Are you able to fulfil all of the Individual Eligibility Criteria listed in Annexure A, and do you meet one or more of the Board Composition Requirements set out in Annexure A?			
a) Additionally, please specify			
i) particular skills you bring to the board composition; and			
ii) your understanding of cultural diversity in relation to primary health care in the region.			
Provide details on relevant page over leaf			
18) Identify any deficiencies and training needs below:			
Details of Tertiary Qualifications (refer question 12)			
(For more than four qualifications, provide details on an attached sheet)			
Qualification 1			
What is the name of the qualification?			
Which institution conferred the qualifications?			
When was the qualification conferred?			
Qualification 2			
What is the name of the qualification?			

Which institution conferred the qualifications?	
When was the qualification conferred?	
Qualification 3	
What is the name of the qualification?	
Which institution conferred the qualifications?	
When was the qualification conferred?	
Qualification 4	
What is the name of the qualification?	
Which institution conferred the qualifications?	
When was the qualification conferred?	

# Details of Directorships or Management of Companies, or Partner/Principal of Firms (refer questions 13 & 14)

(for more than four past employers, provide details on an attached sheet)

Company/Firm 1	
What is the name of the company?	
What was your role?	

# What was your role? During what periods did you have this role? Company/Firm 2 What is the name of the company? What was your role?

#### Company/Firm 3

During what periods did you have this role?

What is the name of the company?	
What was your role?	
During what periods did you have this role?	

#### Company/Firm 4

What is the name of the company?	
What was your role?	
During what periods did you have this role?	

#### **Details of Memberships of a Professional or Industry Body (refer question 15)**

(for more than four Professional or Industry Bodies, provide details on an attached sheet)

<b>Professional</b>	or Industry	Body 1
	OI III MAGGII	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

What is the name of the Professional or Industry Body?			
What was your role?			
During what periods did you have this role?			
Professional or Industry Body 2			
What is the name of the Professional or Industry Body?			
What was your role?			
During what periods did you have this role?			
Professional or Industry Body 3			
What is the name of the Professional or Industry Body?			
What was your role?			
During what periods did you have this role?			
Professional or Industry Body 4			
What is the name of the Professional or Industry Body?			
What was your role?			
During what periods did you have this role?			
Details of qualifications or experience suitable to the Partners 4 Health Limited board (refer question 16)  (max 250 words, please)			
Details of manner in which you are suitable for and fulfil Individual Eligibility and Board Composition Requirements (refer question 17 and Annexure A)  (max 250 words, please)			
(			

## Annexure A

#### **Individual Eligibility Criteria**

- 1.1 The Individual Eligibility Criteria for each director (or candidate for election or appointment) are as follows, namely that each such person must:
  - (a) Not already have served on the board of the company for the maximum number of terms at the time the assessment is made by the Independent Nominations Committee (In calculating the maximum number of terms, any period served to fill a casual vacancy is not to be counted);
  - (b) Not have served on the board for a period of time which, when taken with the term of office for which they are now being considered, would, if they were elected or appointed, exceed the constitutional maximum number of terms (In calculating the maximum number of terms, any period served to fill a casual vacancy is not to be counted);
  - (c) Demonstrate a sound understanding of the role and purpose of the company;
  - (d) Demonstrate a sound understanding of the governance role, operation, legal duties and functions of boards;
  - (e) Demonstrate a sound ability to read and understand financial statements of the kind used within the company for the purposes of board reporting;
  - (f) Not be ineligible by law for appointment or election to the board;
  - (g) Complete a conflict of interest declaration in a form from time to time approved by the board and the Independent Nominations Committee; and
  - (h) Affirm in writing that they do not have any conflicts of interest which would hinder, or be reasonably likely to hinder their ability to exercise independent judgment in decision-making as a member of the board.

#### **Board Composition Requirements**

- 1.2 The Board Composition Requirements for the board as a whole are as follows, namely that the board as a whole ought to include the following skills and other competencies:
  - (a) at least 2 members of the Board should be a primary health care service provider, having at least 5 years practical experience in the delivery of primary health care services;
  - (b) at least 1 member of the Board should have at least 5 years practical experience in a senior managerial position within an organisation involved in the primary health care sector;
  - (c) at least 1 member of the Board should have strong financial skills, in terms of recognised qualifications and at least 5 years' practical experience in a financial advisory or management role;
  - (d) at least 1 member of the Board should have at least 5 years' business experience, preferably in a non-primary-health-care field;
  - (e) a majority of the Board should have a strong understanding of local and national primary health care issues particularly as they affect the entire region serviced by the organisation; and
  - (f) at least 3 members of the Board should have no current formal affiliation, whether as a director, officer or employee, of any of the Members of the Company.

# Annexure B

#### **Independent Nominations Committee Process**

Partners 4 Health Ltd uses an Independent Nominations Committee, comprising three members, to oversee the process of director selection.

Following the closing date (Monday, 14 August 2023), all expressions of interest will be assessed and a schedule prepared for interview.

Interviews will occur in the week commencing 28 August 2023. Please note that if you are shortlisted, you will need to be available around this date for an interview.

Interviews will be conducted by the three member Nominations Committee and generally take between 45-60 minutes.

Areas that will be covered during the interview include (but are not limited to):

Your knowledge of the primary health care sector, particularly in the North Brisbane region;

Your understanding of the role and purpose of Partners 4 Health Ltd;

Your understanding of governance processes;

Your financial skills;

Your characteristics as a director, including decision making styles and interpersonal dynamics.

Those candidates who are assessed by the Independent Nominations Committee as suitable to fulfil the Individual Eligibility Criteria and Board Composition Requirements will be recommended for potential election by the Members and/or appointment by the Board.

In consultation with the Board, successful candidates' names will be put to a vote of the Members of the Company at the Annual General Meeting on Wednesday, 8 November 2023. One candidate will be elected by the Members. It is expected that the elected candidate will take up her/his Directorship of Partners 4 Health Ltd at the conclusion of the Partners 4 Health Annual General Meeting on Wednesday, 8 November 2023.

The remaining candidates will be eligible for subsequent appointment by the Board, to two vacancies. The appointment of Appointed Directors is at the discretion of the Board, as it is then comprised, and may require additional meetings between the Board and candidates.

Those candidates who are not elected nor appointed will be notified by the Company Secretary.