



## State Aboriginal Heritage Committee Nomination Form 2023

### 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 <sup>1</sup> :	<input type="checkbox"/> Male <input type="checkbox"/> Female
Language group(s) 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, it is recommended that you seek the endorsement of an appropriate representative Aboriginal body and provide a letter of support.</i>		
Community organisation endorsement	<input type="checkbox"/> Letter of support for my self-nomination is attached.		
	If you are a self-nominee, and have not provided an endorsement for your nomination, please provide your reasons: _____ _____ _____ _____		

<sup>1</sup> We ask about gender as the Minister must to the extent possible, under the *Aboriginal Heritage Act 1988 (SA)*, appoint equal numbers of men and women to the State Aboriginal Heritage Committee (Committee).

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:	Employer 1		
	Position		
	Duration		
	Employer 2		
	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 10 or equivalent <input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 7 – 9 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Other: _____		
What qualifications do you hold?	Please list in order of completion, the certificate, traineeship, University/TAFE or other educational/training qualifications you have achieved.		
1.	Name of institute/organisation		
	Course name		
	Year completed		
	2.	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 Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No     If yes,			
	Year appointed: _____ Length of term: _____			
How did you hear about the opportunity to nominate for membership of the Committee?	<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 _____			
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 sheets and attach them to your nomination.**

Are you committed to attend meetings every six weeks (or as required) in Adelaide?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Mostly – I may have a competing commitment to: _____
Are you able to contribute to virtual meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> By phone <input type="checkbox"/> Via Microsoft Teams or other video conferencing platform
Are you committed to preparing for meetings, including reading meeting papers beforehand?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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The State Aboriginal Heritage Committee (Committee) is required to advise on challenging and complex heritage matters. Please describe your knowledge and understanding of the challenges and complexities facing Aboriginal people and organisations in preserving and managing their cultural heritage.

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OFFICIAL

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.

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

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

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OFFICIAL

What makes you a strong candidate for membership of the Committee (your skills, experience, heritage knowledge, board experience, understanding of governance, other)?

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

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**OFFICIAL**

Referees			
Please list the details of two current referees relevant to your nomination.			
1	Name		Relationship to you
	Telephone or mobile:		(08)_____ Mob: _____
2	Name		Relationship to you
	Telephone or mobile:		(08)_____ Mob: _____
<b>To be completed where you are being nominated by someone other than yourself</b>			
Name of nominator		Phone	
Organisation			
Nominator's statement of support for the nominee.  <b>Note:</b> Please refer to the selection criteria where relevant.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Signature of Nominator	_____ / /		
<b>Nominee's Acceptance of a Nomination by an Organisation or another person</b>			
I, the nominee, accept the above nomination for appointment to the State Aboriginal Heritage Committee.			
Signature of Nominee	_____		
<b>Nominee's Acknowledgment (to be completed for all nominations)</b>			
I acknowledge that if I am appointed to the Committee, I will agree to the conditions of appointment set by the Minister.			
Name			
Signature	_____ / /		

Please submit completed forms signed by the nominee to

Ms Jill Walsh

Executive Officer – State Aboriginal Heritage Committee

Aboriginal Affairs and Reconciliation - AGD

**GPO Box 464**

**Adelaide SA 5001**

Or via email: [jill.walsh@sa.gov.au](mailto:jill.walsh@sa.gov.au)

**NOMINATIONS CLOSE: MONDAY 22 MAY 2023**

**Late nominations will not be accepted**

For further information please call (08) 8303 0741