# **State Aboriginal Heritage Committee nomination form**

This form is for those seeking to nominate for the State Aboriginal Heritage Committee (SAHC). For more about the SAHC, visit the <u>Attorney-General's Department website</u>.

### Part 1 – Nominee's details

Personal infor	mation			
First name			Last name	
Address				
Postcode			State	
Phone			Mobile	
Email			Fax	
Gender		Male Female	Date of birth	
		Other	(optional)	
Language group(s) you identify with				
Nomination de	etails			
Are you self- nominating or someone else nominating you?	<ul> <li>Self-nominating*</li> <li>Nominated by a Community member*</li> <li>Nominated by an Aboriginal organisation, board or community group</li> <li>*If you are self-nominating or nominated by another Community member, it is recommended that you seek the endorsement of an appropriate representative Aboriginal body and provide a letter of support.</li> </ul>			
Community organisation endorsement	A letter of support from a representative Aboriginal body is attached. If you have not provided an endorsement for your nomination, please provide your reasons:			



Employment h	nistory			
Current	Name of organisation			
employment details (if	Position			
applicable)	Years / months in the position			
If you've been in y	our current position fo	or less than 2 years, p	olease list ye	our previous employment.
Employer 1				
Position			Duration	
Employer 2				
Position			Duration	

Qualifications	and training			
What is the	Please tick only one box			
highest level of education or	University / TAFE		Year 10 or equivalent	
training you have achieved?	☐ Year 12 or equivalent		Year 7 – 9 or equivalent	
	Year 11 or equiva	lent	Other:	
What qualifications	Please list in order of other training course	e certificate, traineeship, university, TAFE or npleted.		
do you hold?	Name of institute / o	organisation		
	Course name			
	Year completed			
	Name of institute / organisation			
	Course name			
	Year completed			



Boards and committee experience						
Do you have	If yes, please list the organisations, positions held and lengths of term.					
experience on boards or	Name					
committees?	Position		Duration			
	Name					
L No	Position			Durat	ion	
	Name					
	Position			Durat	ion	
Other information	tion					
Have you previously	Yes No					
been appointed to the SAHC?	If yes	Year appointed:			Leng	th of term:
How did you hear about the	Newspap	er 🗌 Internet/ema	ail/socia	al media	a	
opportunity to nominate for	□ Noticeboard □ Word of mouth					
membership?	Other					
If unsuccessful, would you like your details to be held for 2 years for future vacancies?						



## Part 2 – Nomination by someone other than yourself

This part must be completed where you are being nominated by someone other than yourself.

Nominator det	ails		
First name		Last name	
Organisation			
Phone		Email	

Nominator's statement of support				
Please refer to the selection	on criteria where relevant.			
Signature of nominator		Date		
I, the nominee, accept the Committee.	I, the nominee, accept the above nomination for appointment to the State Aboriginal Heritage Committee.			
Signature of nominee		Date		



#### Part 3 – Nominee's acknowledgement

This must be completed for all nominations.

I acknowledge that if I am a conditions of appointment s	appointed to the State Aboriginal Herit set by the Minister.	age Committee, I w	vill agree to the
Name		Date	
Signature			

## Part 4 – Selection criteria

Your nomination **will not** be considered if the selection criteria is not addressed.

If you need more space for your answers, use additional paper and attach it to your nomination or include the information in your cover email.

Are you committed to attending meetings at least every 6 weeks in Adelaide?	<ul> <li>Yes</li> <li>No</li> <li>Mostly – I may have a competing commitment</li> </ul>
Are you able to access and contribute to virtual meetings?	<ul> <li>Yes No</li> <li>By phone</li> <li>Via Teams on your own computer</li> </ul>
Are you committed to preparing for meetings? This may include reading meeting papers beforehand	Yes No
Please describe your knowledge an cultural heritage in South Australia	d experience in the protection and preservation of Aboriginal



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

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.

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 and business and other associates. What does a "conflict of interest" mean to you? Please give an example where you may have to declare an interest at a Committee meeting.



Attorney General's Department

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vvnat do you	know about	t the <i>Aborigina</i>	i Heritage Aci	1988 (	5A)?

What makes you a strong candidate for membership of the Committee? For example, your skills, experience, heritage knowledge, board experience, understanding of governance etc

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



#### Part 5 – Referees

Please list the details of 2 current referees relevant to your nomination		
Name		
Relationship to you	Phone number	
Name		
Relationship to you	Phone number	

## **Submitting nominations**

Send completed applications and related documentation to:

jill.walsh@sa.gov.au

or via mail to:

Ms Jill Walsh Executive Officer, State Aboriginal Heritage Committee Aboriginal Affairs and Reconciliation Attorney-General's Department GPO Box 464, ADELAIDE SA 5001

Nominations close Monday 6 May 2024. Late nominations will not be accepted.

For further information, contact (08) 8429 9413.

