

**APPLICATION FORM**

**Chief Corporate Officer**

**Sunraysia Community Health Service**



**[Complete the grey sections in the form below and return via email in Word format]**

Summary Details

|  |  |
| --- | --- |
| Name |  |
| Postal Address |  |
| Mobile |  |
| Confidential Email |  |
| How did they hear about job |  |

**[Provide summary details of your 5 most recent positions]**

Recent Work History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Role/Title | Organisation | Start Date | Finish Date | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**[Please provide the details of the professional qualifications you are claiming as part of your application. You may be required to provide verification of these at a later point in the recruitment process]**

Formal Qualifications

|  |  |  |
| --- | --- | --- |
| Qualification/degree | University/Institution | Year attained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**[Please complete the following sections summarising your recent professional experience. Examples have been provided in red to give you some guidance on the type of information and length of response being sought]**

Summary of Recent Experience

|  |  |
| --- | --- |
| Brief description of your industry experience and outline and experience within the health sector | 3 years’ experience in local government.  Board member of NFP  8 Years’ experience in an accounting practice |
| Brief description of your career Executive and or senior Management experience | Internal Audit Experience  Business Planning / Modelling  Change Management  Strat Planning |
| Provide details of the extent of your recent budget delegations and staffing responsibilities | Operational responsibility for $30M budget.  5 Direct reports  EFT approx. 50  On track to return a small deficit, remedial measures in place. |
| Involvement in organisational committees (nature of role and length of time) | Member Finance, Audit and Risk Committee - 2020-current  Chair Community Engagement Committee 2023-24  Executive Sponsor for redevelopment of new admin facility - $13M capital project -2021-2023 |

Professional Registration/ Memberships

|  |  |
| --- | --- |
| Professional body |  |
| Registration /Membership Type |  |
| Registration /Membership Number |  |

|  |  |
| --- | --- |
| Professional body |  |
| Registration /Membership Type |  |
| Registration /Membership Number |  |

Pre-Requisite Selection Criteria

|  |  |
| --- | --- |
| APHRA Registration Number | Yes / No / Not Applicable |
| Relevant Tertiary Qualifications | Yes / No |
| Current Driver’s License | Yes / No |
| Current Police Check | Yes / No / Can obtain |
| Current Working with Children’s Check | Yes / No / Can obtain |
| NDIS Worker Screening Check | Yes / No/ Can obtain |
| Required vaccinations as mandated including Covid Vaccination | Yes /No / Can obtain |

Recruitment Process

|  |  |
| --- | --- |
| Video interview. If requested, I am willing to complete a video Interview for the position. |  |
| If selected, I am available to attend a formal interview in person. |  |
| I understand that I may be required to provide 3 referees should I be Identified as a preferred candidate for the position. |  |
| I understand that I may be required to verify both my personal Identity details and the formal qualifications I am claiming as part of my application. |  |