

**APPLICATION FORM**

**Engagement & Fundraising Manager**

**Central Highlands Rural Health**

A logo with a green and black design

AI-generated content may be incorrect.

**(Complete the grey sections in Part A of this document and return via email in “Word” format not PDF. We have also provided you with some examples of the type of content employers are looking for in purple to help you get started)**

Part A

Personal Details

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

Recent Work History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Role/Title | Organisation | Start Date | Finish Date | Reason for leaving |
|  |  |  |  | Left after completing contract |
|  |  |  |  | Left post restructure / redundancy |
|  |  |  |  | Career advancement opportunity - first Board reporting role |
|  |  |  |  | Seeking new challenges and the development of my capital project management experience |
|  |  |  |  | Career progression - first management role |

Formal Qualifications

|  |  |  |
| --- | --- | --- |
| Qualification/degree | University/Institution | Year attained |
| MBA | Melbourne University | 2019 |
| Graduate | AICD | 2022 |
| Grad Certificate Health Service Management | Deakin University | 2010 |
| Bachelor of Nursing or Bachelor of Accounting / Commerce or Bachelor Physiotherapy…. | Deakin University | 2002 |
|  |  |  |
|  |  |  |

Summary of Recent Experience

|  |  |
| --- | --- |
| Brief description of your experience working in the public or not-for-profit sectors |  |
| Brief description of your experience in the development, delivery and evaluation of fundraising initiatives and projects |  |
| Provide details of any success achieved in preparing grant applications through philanthropic, government and private opportunities. |  |
| Involvement in community organisations/activities |  |

Professional Registration/ Memberships

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

Pre-Requisite Selection Criteria

*(Delete the words not applicable to your application i.e. keep Yes but delete No / Not Applicable or can obtain)*

|  |  |
| --- | --- |
| Relevant 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 |