**EXPRESSION OF INTEREST FOR APPOINTMENT AS COMMISSIONER**

**(Please attach your Resume to this form)**

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| **Personal****Details** | Surname: | Given Names: | Title: |
| Home Address:….….….….….….….….….…………….……….....…………………………………….…Postcode.….……Email Address:………………………………….….. | Telephone numbers:Home: ………………………..Work:……….….……………..Mobile:…….…………………. |
| Date of Birth………..........….………………. Gender ……………………………………Do you speak any languages other than English? Yes ❑ No ❑ If yes, please specify……………………………………….....…………………………..Are you of Aboriginal or Torres Strait Islander descent? Yes ❑ No ❑Are you an Australian citizen or permanent resident? Yes ❑ No ❑(Permanent residency is a pre-requisite for appointment. Non-permanent residents who have a working visa are eligible for appointment) If no, please provide details..…………………………….…………....…………………. ..…………………………………………………………….…………..…………………… |
| **Health** | To the best of your knowledge and belief are you of sound health? Yes ❑ No ❑ If no, please provide details..………………………………………....…………………. ..………………………………………………………………………..…………………… |
| **Current Employment** | Are you currently a Public Sector employee? Yes ❑ No ❑Please provide details of your current employer?………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Are you currently a member of any other Commission or Board? Yes ❑ No ❑ If yes, please provide details..………….………………………………………………… .……………………………………………………………………………………………… |
| **Industry Experience**  | What is your background and experience in the Combat Sports Industry?…………………………………………………………………………………………………….…............................................................................................................................................................................................................................................................................................……………………………………………………………………………………………….…………………………………………………………………………………………………….………….............................................................................................................................................. |
| **Qualifications** | Please provide brief details of any formal qualifications you may have.………………………………………………………………………………………………….……………………………………………………………………………………………………….…… |
| **Suitability as a Commissioner** | What is your understanding of the role of the Combat Sports Commission?……………………………………………………………………………………………………….………………………………………………………………………………………………………...........................................................................................................................................................................................................................................................................................................................................................................................................................................What particular skills and abilities would you bring to the Combat Sports Commission?..............................................................................................................................................……………………………………………………………………………………………………….…………………………………………………………………………………..…………………...………………………………………………………………………………….……………………………………………………………………………………………………….…………………… |
| **Workers Compensation** | Have you ever made a claim for workers compensation? Yes ❑ No ❑ If yes, please provide details (on a separate sheet if necessary) ........................... ...............……..…………………………………………………………………………… |
| **Criminal Records Screening** | Do you have any convictions for any offences from any court, or are you currently the subject of any charge pending (excluding any convictions which are declared spent)? Yes ❑ No ❑As part of the selection process a formal Criminal Records Screen search is required if you are selected for a position with the Commission, your appointment will be subject toa satisfactory security screening result. If you have a current or recent clearance please attach it to this form. If not, please Indicate below if you consent to such screening. Do you consent to such screening? Yes ❑ No ❑ |
| **Criminal Records Screening** | Have you been convicted by any court for an offence which has not been declared as spent:?  Yes ❑ No ❑ |
| **Two Referees** | Please provide details of two professional references.Name………………………………………………………..…...………………………………….Organisation ..................................................................Position.........................................Contact Number……………………………………………...…………………………………….Name………………………………………………...………….…………………………………..Organisation ..................................................................Position.........................................Contact Number………………………………………………………...…………………………. |
| **Please sign and date** | The information set out in this form is true and correct to the best of my knowledge.Signature …………………………………………………. Date ………………………2016 |