NACCHO
National Aboriginal Community Controlled Health Organisation

NACCHO Elected Director Application FORM

This form is to be completed by persons wishing to stand for election as **Elected Director** of the NACCHO Board. Please read the eligibility criteria before completing this form.

Completed forms must be returned to **your State/Territory Affiliate** via email by **15 September 2026.**

Eligibility Criteria:

To be eligible for the position of NACCHO Elected Director you must:

a. be a member of an Aboriginal Community Controlled Health Organisation (ACCHO) that is a member of NACCHO; and
b. be an Aboriginal and/or Torres Strait Islander person as determined by the ACCHO you are a member of

You must not be:

a. an employee or chief executive officer of a community controlled health affiliate
b. an employee of a Commonwealth, State or Territory Department of Health, or
c. an employee of NACCHO.

You must also have a Director Identification Number (DIN) and possess four or more of the skills listed in the Skills Matrix.

Please Note:

You can nominate for Chairperson, Deputy chairperson and/or an Elected Director simultaneously, but if:

- you are successful in being elected as Elected Director then you are no longer eligible for the Chairperson or Deputy Chairperson positions;
- you are not successful in being elected as an Elected Director but are successful in being elected as Chairperson then you are no longer eligible for the Deputy Chairperson position.

Candidates must provide a **one-page** statement in support of their nomination. This will be distributed to NACCHO Members in your State/Territory as part of the voting process and if you are successful in being elected as the preferred nominee in your State/Territory, to all NACCHO Members prior to the AGM.

Complete the following:

Full name	
Preferred name (if different)	
Name of ACCHO you are a member of	
State/Territory of ACCHO	
Director Identification Number (DIN)	

Candidate Statement

Provide details of your training, experience and skills relevant to the Elected Director position and what you would like to achieve in the role. In your response, you should provide information about your experience in:

- Board or governance roles
- Leadership within the community-controlled health sector or related fields
- Advocacy, policy, or engagement at a national level
- Financial oversight or organisational management
- Governance training –including the NACCHO Governance Program or AICD qualifications

and demonstrate your alignment with NACCHO's Strategic Directions.

Any other relevant information that supports your nomination for Elected Director.

NACCHO Elected Director Application – Skills Matrix

Please rate your level of skill by ticking one box for each skill listed below.

Skill	Training Required	Basic	Intermediate	Advanced
Governance and leadership				
Financial acumen				
Health sector experience				
Aboriginal and Torres Strait Islander cultural knowledge				
Community engagement				
Legal and compliance				
Risk management				
Policy and advocacy development				
Technology and digital transformation				

NACCHO Elected Director Declaration

I _____ **declare** that:

(insert candidate full name)

- I meet all eligibility requirements as detailed above and as set out in the NACCHO Constitution (Clause 16).
- I understand the responsibilities and obligations of the role for which I am nominating.
- All information provided is true, correct and not misleading.

I acknowledge and agree that if elected, my appointment is contingent on meeting the eligibility requirements which include satisfactory:

- Director Identification Number (DIN)
- Australian police check
- ASIC banned and disqualified persons register search

I declare that I have not:

- Been convicted of an indictable offence.
- Had any civil penalty order(s) made against me.
- Been insolvent under administration.
- Been subject to adverse findings or enforcement action by any Commonwealth, State or Territory authority or local government.
- Been involved in fraud, misrepresentation or dishonesty in any administrative, civil or criminal proceedings.
- Been disqualified from managing corporations under the *Corporations Act 2001 (Cth).*
- Been the subject of any criminal or civil proceedings (or enforcement action) involving child safety, domestic violence, fraud, dishonesty, misrepresentation, concealment of material facts or breach of duty.

I declare that I, my close family members or entities controlled or jointly controlled by me or a close family member have the following transactions with my ACCHO and/or NACCHO that may give rise to a conflict of interest (***Please list all related party transactions below***):

Entity	
Position	
Role	

I consent to:

- NACCHO, my ACCHO and/or my State/Territory Affiliate undertaking the required probity checks listed above; and
- My **one-page** candidate statement being circulated to NACCHO Members.

_____ _____

Applicant signature Date