

Ballarat Hospice Care Inc. (BHCI)

Application: Board of Governance (Board) Director



ABN 41839611725
DHHS 3112
Incorporation RN A0003611L

Members of BHCI are invited to complete this form to express their interest in joining the BHCI Board of Governance.

This form assists the BHCI Board to understand your motivation, skills and experience, and how these align with the current needs of the Board and the criteria for appointment as a Board Director. Thank you for taking the time to complete this form.

About the Position

Successful applicants will meet and agree to the following criteria:

- Demonstrate an understanding of, and commitment to, good governance practice
- Be able to attend at least 80% of Board and Committee meetings
- Commit approximately 4-6 hours per month to BHCI activities
- Hold a current National Police Check and agree to complete any other relevant Director or governance checks.
- Provide current proof of identity with the application
- Bring the skills, expertise and experience that enhance the effectiveness of the BHCI Board, including but not limited to governance, clinical governance, community engagement, finance and risk management
- Contribute positively to the balance of skills, experience, perspectives, culture and diversity of the BHCI Board as an organisation that values cultural diversity and LGBTQIA+ inclusion.
- Participate in relevant Board Committees as required.
- Consent to the information in this form being shared amongst other Board Directors for recruitment and governance purposes, and being submitted to the Australian Charities and Not-for-profits Commission (ACNC) (<https://www.acnc.gov.au/>)

Applicant Information

Title	
Full Name	
Preferred pronouns (optional)	
Residential Address	

Postal Address (if not the same as above)	
Contact details	Phone: _____ personal <input type="checkbox"/> work <input type="checkbox"/> Mobile: _____ personal <input type="checkbox"/> work <input type="checkbox"/> Email: _____ personal <input type="checkbox"/> work <input type="checkbox"/>
Date of Birth	
Country of Birth	
Do you identify as Aboriginal or Torres Strait Islander?	
Emergency Contact	Name: _____ Phone: _____ Relationship: _____

Do you possess any of the skills below that you would like to utilise on the Board? Check all that apply:

<input type="checkbox"/> Board Development	<input type="checkbox"/> Financial Management	<input type="checkbox"/> Fundraising or Philanthropy
<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Quality/Innovation	<input type="checkbox"/> Community Engagement
<input type="checkbox"/> Information Technology, i.e. cyber security, AI and/or data integration	<input type="checkbox"/> Clinical Governance	<input type="checkbox"/> Cultural Awareness/Safety inclusion LGBTQIA+, Aboriginal or TSI
<input type="checkbox"/> Risk Management	<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Other – see below
<input type="checkbox"/> Legal/Legislative Compliance	<input type="checkbox"/> Marketing/Media	

Other relevant skills:

Application Questions

Please respond to the following questions (no more than 300 words in total are required) and ensure your name is included at the bottom of each page of your application:

1. Why are you interested in becoming a Board Director of Ballarat Hospice Care?	
--	--

2. What skills, competencies or lived experience would you contribute to the BHCI Board?	
3. What positions do you currently hold in other organisations or in the community?	
4. Have you served on a Board? If yes, please outline your role(s) and experience. If no, please outline your role(s) and experience with governance or leadership of an organisation.	
5. Do you foresee any potential, perceived or actual conflicts of interest if appointed to the BHCI Board? If yes, please provide brief details.	

Diversity and Inclusion

Ballarat Hospice Care is committed to providing compassionate, culturally safe and inclusive care. We value the diverse practices, experiences and participation of all people, including but not limited to Aboriginal and Torres Strait Islander peoples, LGBTQIA+ communities, culturally and linguistically diverse (CALD) communities, and people living with disability.

Applicants are not required to disclose personal information; however, we welcome applications from individuals who bring diverse perspectives and lived experience that support inclusive governance.

Agreement

In completing this application, I agree:

- I commit to the vision, purpose and values in line with BHCI's Strategic Plan and Rules
- I am familiar with and will abide by BHCI's Rules, the Position Description for Board of Governance Director and the Associations Incorporation Reform Act 2012 (the Act), which also includes:
 - ensuring BHCI and other Board Directors also comply; and
 - discharging my duties as a Board Director or Office Bearer in accordance with the Rules or the Act.
- I understand that any convictions of an offence punishable by imprisonment, undischarged bankruptcies or unfulfilled personal insolvency agreements will automatically disqualify me from being eligible to serve or apply as a Board Director and agree to disclose any change in current circumstances

Applicant Signature: _____ **Date:** _____

Submission Details

Please email your completed Expression of Interest form, a current resume, and referee details to:

Andrew Howard
Chief Executive Officer
Ballarat Hospice Care Inc.
1836 Sturt Street, Alfredton
ahoward@ballarathospicecare.org.au

Applications close: Friday, 29 May 2026 (close of business)

Further Information

For confidential enquiries regarding Board membership or the Expression of Interest process, please contact:

Andrew Howard
Chief Executive Officer
Email: ahoward@ballarathospicecare.org.au
Phone: (03) 5333 1118

Office Use Only

Item	Date Received /Checked
Signed F76 Application BHCI Board of Governance Director	
Completed & Financial F77 Application Form BHCI Membership	
Signed F78 BHCI Board Director Nomination Process	
CV	
Current Police Check	
Driver's Licence sighted and copy retained	

Secretary Name: _____ Date: _____

Secretary Signature: _____ Date: _____

Chair Name: _____ Date: _____

Chair Signature: _____ Date: _____