
Board Member Personal Details

Details

Name:

Date of Birth:

Address:

Email:

Telephone: Mobile Phone:

Next of Kin Contact Details

1. Name

Address

Telephone.....

2. Name

Address

Telephone.....

Checks

Please provide a copy of each of the following:

- **NDIS Worker Screening Check**

Yes No

Date

- **Working With Children Check**

Yes No

Please contact Working With Children Check Victoria and update you details to include Headway Gippsland Inc. as one of your organisations.

Expiry Date

- **COVID 19 Vaccine Certificate**

Yes No

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Proof Of Identity

Please provide 100 points of identity, for example:

Primary (at least one must be from this category)

- | | |
|--|-----------|
| 1. Australian passport | 70 points |
| 2. Full birth certificate | 70 points |
| 3. Australian driver licence/learner permit | 40 points |
| 4. Government issued photo identification card | 40 points |

Secondary

- | | |
|---------------------------|-----------|
| 1. Medicare card | 25 points |
| 2. Credit or account card | 25 points |
| 3. Utility bill | 20 points |

Dietary Requirements

Please list any dietary requirements:

.....

Name

Signature.....

Date

Note, this form is valid for 12 months from date of signing.