

Resource Checklist

Form 1

Welcome to the Board of Headway Gippsland Inc. We are excited to have you as part of our team. We hope that you find your time with Headway Gippsland Inc. enjoyable.

Please find enclosed all documentation relevant to your appointment as a member of the Headway Gippsland Inc. Board.

Name

Address.....

Date of Appointment

1. Nomination For Board Position

Signed

2. Application for Membership to Headway Gippsland Inc.

Signed

3. Confidentiality Agreement

Signed

4. Code of Conduct

Signed

5. Declaration Of Fit & Proper Person

Signed

Please note that this form is to be used until you have completed your NDIS Worker Screening Check and Working with Children Check. Your NDIS Worker Screening Check and Working with Children Check must be completed within 1 month of your appointment.

6. I have received a copy of the following documents:

- a Governance for Good.....
- b Copy of the Constitution (Rules of Association)
- c Copy of the Strategic plan
- d Copy of the Business plan
- e Copy of the Headway Gippsland Incorporated Board Policies

Board Policy documents

- a Rules, Regulations and Conduct of Board members
- b Chairperson’s Role Description.....
- c Board Succession Planning
- d Conflict of Interest
- e Board Report and workload Planning Schedule.....
- f General Manager Transition Planning.....
- g Grievances Involving the General Manager
- h External Communications
- i Board Members Costs
- j Deficit Funding of Services
- k Commencement and /or Discontinuation of Services.....

Board Member:

Name

Signature..... Date

Chair Person:

Name

Signature..... Date