

Aged Care Compliance and Assurance Committee Nomination for Membership

Please submit your completed application, marked

"Confidential – Expressions of Interest – External Independent Member to the Uralla Shire Council Aged Care Compliance and Assurance Committee."

By email:

1.

Applications close at 5:00pm AEDT on Friday, 6 June 2025

Name Company Name ABN (if applicable) Address Postal Address (if different from above) Contact Numbers Phone Mobile Email Address

Please provide details of your education and professional memberships.

 Please provide details of your experience in relation to any employment, Compliance Committee or business-related committees or boards on which you currently hold or have previously held a position.
3. Please identify what skills, qualifications and other attributes you believe you can bring to the Aged Care Compliance and Assurance Committee that will assist the Committee to achieve its objectives?

in the following specific areas: Aged Care experience Compliance experience Quality Assurance experience Quality Assurance experience Blease list any potential conflicts of interest you may have if successfully appointed to the Committee? Please attach any other documentation in support of your application (e.g. your resume including references/referees)		
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Please complete and sign:		

I acknowledge that the information provided on this Nomination Form is true and correct.						
Date:	1	/2025				