

The Mental Health Council of Tasmania (MHCT) invites Board nominations from suitably skilled people with an interest in mental health and the community mental health sector. This is a voluntary position, with two (2) vacancies available for a two (2) year term.

### **TIMELINE**

Nominations open: **Monday 4 October 2021**  
Nominations close: **Monday 18 October 2021 at 5.00pm**  
Nominees endorsed and notified: **Monday 25 October 2021**

### **NOMINATION PROCESS**

#### **Criteria for nomination**

Under Section 17.3 of the MHCT Constitution, the MHCT Board invites nominations from suitably skilled people who have:

- At least one of the skills listed in the Skills Declaration

#### **MHCT Constitution extract**

17.3 *The Board shall determine the skills required to meet the governance needs of MHCT from time to time, and must advise members of the skills required at the time of calling for nominations.*

#### **Completing the nomination form**

Please complete the following:

- Candidate Details
- Skills Declaration – by ticking one box of the skill confirming your skill level, and providing a brief overview of your qualification and/or experience
- Nomination Statement - please provide any additional, relevant information. Please note this will not form part of the endorsement process, however if this application is endorsed, the Nomination Statement will be circulated to the MHCT membership with the ballot papers
- Provide contact details of two referees
- Sign the declaration

Nominations must be received by the Returning Officer, Corinne Eastley, Manager Finance & Business Services at TasCOSS by **5pm on Monday 18 October 2021**. By email: [returningofficer@mhct.org](mailto:returningofficer@mhct.org) By mail: The Returning Officer C/- Mental Health Council of Tasmania, Level 1, 131A Collins Street, Hobart TAS 7000.

\*Please note, late nominations will not be accepted.

#### **Nominee endorsement**

The Nominations Committee will review and endorse candidates. All candidates will be advised of their endorsement status no later than **Monday 25 October 2021**. Candidates not endorsed may lodge an appeal by providing written notification outlining the basis on which the decision is being appealed. This must be received by the Returning Officer no later than 5pm on **Monday 1 November 2021**.

## Candidate Details:

Name:	
Address:	
Daytime Phone Number:	
Email Address:	

## Skills Declaration

I nominate as a candidate for the MHCT Board, having at least one of the following skills, qualification or experience:

<input type="checkbox"/>	<p><b>Finance:</b> <i>Please indicate your level of competence against this skill:</i></p> <p><input type="checkbox"/> No relevant qualifications or skills <input type="checkbox"/> Hold formal qualifications and at least 2 years experience</p> <p><input type="checkbox"/> Hold formal qualifications <input type="checkbox"/> No formal qualifications some experience</p> <p><i>Please provide a brief description of your experience, and/or qualification:</i></p>
<input type="checkbox"/>	<p><b>Mental health service delivery experience:</b> <i>Please indicate your level of competence against this skill:</i></p> <p><input type="checkbox"/> No relevant qualifications or skills <input type="checkbox"/> Hold formal qualifications and at least 2 years experience</p> <p><input type="checkbox"/> Hold formal qualifications <input type="checkbox"/> No formal qualifications some experience</p> <p><i>Please provide a brief description of your experience, and/or qualification:</i></p>
<input type="checkbox"/>	<p><b>Community sector knowledge / experience:</b> <i>Please indicate your level of competence against this skill:</i></p> <p><input type="checkbox"/> No relevant qualifications or skills <input type="checkbox"/> Hold formal qualifications and at least 2 years experience</p> <p><input type="checkbox"/> Hold formal qualifications <input type="checkbox"/> No formal qualifications some experience</p> <p><i>Please provide a brief description of your experience, and/or qualification:</i></p>

<input type="checkbox"/>	<p><b>Business / commercial acumen:</b> <i>Please indicate your level of competence against this skill:</i></p> <p><input type="checkbox"/> No relevant qualifications or skills <input type="checkbox"/> Hold formal qualifications and at least 2 years experience</p> <p><input type="checkbox"/> Hold formal qualifications <input type="checkbox"/> No formal qualifications some experience</p> <p><i>Please provide a brief description of your experience, and/or qualification:</i></p>
<input type="checkbox"/>	<p><b>Governance / board experience:</b> <i>Please indicate your level of competence against this skill:</i></p> <p><input type="checkbox"/> No relevant qualifications or skills <input type="checkbox"/> Hold formal qualifications and at least 2 years experience</p> <p><input type="checkbox"/> Hold formal qualifications <input type="checkbox"/> No formal qualifications some experience</p> <p><i>Please provide a brief description of your experience, and/or qualification:</i></p>
<input type="checkbox"/>	<p><b>Public health promotion / public campaigns experience:</b> <i>Please indicate your level of competence against this skill:</i></p> <p><input type="checkbox"/> No relevant qualifications or skills <input type="checkbox"/> Hold formal qualifications and at least 2 years experience</p> <p><input type="checkbox"/> Hold formal qualifications <input type="checkbox"/> No formal qualifications some experience</p> <p><i>Please provide a brief description of your experience, and/or qualification:</i></p>

## Area of interest:

In what area or region of Tasmania do you have a specific interest:

South       North       North West       Whole of State

## Nomination Statement:

This section will not form part of the endorsement process, however if this application is endorsed, this statement will be circulated to the MHCT membership with the ballot papers.

Nomination statement (200 words maximum – this will form the basis of your nomination statement which will be circulated to MHCT members):

## Referees:

Please nominate two referee/s who can verify your nomination:

Name:	
Contact:	

Name:	
Contact:	

## Skills Declaration:

I certify that the details provided above in support of my nomination for the MHCT Board are correct. I agree to abide by the Board election process as outlined in MHCT constitution and policy. I agree for the details I provide in the nomination form to be shared with members. I understand it will not include my personal contact or referee details.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_