Expression of Interest - Chairperson

the Lowitja INSTITUTE
Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health

1. Surname _____ Given Names _____ Title _____
2. Residential Address _____
3. Postal Address _____
4. Telephone _____ Mobile _____
5. Email _____
6. Are you of Aboriginal or Torres Strait Islander descent?
   If you are of both Aboriginal and Torres Strait Islander descent, please tick both 'yes' boxes.

   ☐ Yes – Aboriginal
   ☐ Yes – Torres Strait Islander

7. Do you have corporate governance experience?

   ☐ Yes (Give details below)
   ☐ No

   _____

   _____

8. Please outline the area of expertise under which you are applying (Refer to the Selection Criteria) –

   _____

   _____

   _____

9. Have you attached your Curriculum Vitae (Providing details of positions held to date that are relevant to the selection criteria)?

   ☐ Yes
   ☐ No

Signed_____ Date _____