**Nomination and application for Director on the Australasia-Pacific Extension Network Ltd Board**

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| --- |
| We, the undersigned, being financial members of APEN, nominate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the position of Director.Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**Consent of nominee**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a financial member of APEN and I accept the above nomination.Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Nominee’s Application for Board Director**

**Please complete the details below**

|  |  |
| --- | --- |
| **Why are you interested in a board role?** |  |
| **What are the strengths, knowledge, and skills you bring to the role of an APEN Director? Provide examples.** |  |
| **How do you work within a team? Provide an example where you have displayed positive teamwork.** |  |
| **Which APEN value do you identify with the most and why?** |  |

**Consent to Act**

I hereby consent to act as a Director of APEN Ltd.

I am aware of the Directors’ Fiduciary Responsibilities as follows:

Directors’ actions and standards of behaviour are required to be exemplary, and directors should act and be seen to act, in the best interests of the company and members by:

* Being scrupulously honest and exerting all due care and diligence in the performance of their duty and functions
* Maintaining the confidentiality of all information made available to them and also of Board and committee discussions
* Never make improper use of their position, or of the information gained through that position to the advantage of themself or any other person
* Never taking a course of action that would disadvantage the Board
* Consciously avoiding any conflict of interest, by declaring any personal interest in any Board matter, subsequently abstaining from any decision or vote on that issue
* Always act in the best interests of the Board and not any particular interest group

and will act in accordance with them to the best of my abilities. I also acknowledge the APEN Ltd Constitution and will work to uphold its terms.

**Personal Details:**

|  |  |
| --- | --- |
| Full name: |  |
| Former name: (if applicable) |  |
| Usual residential address:  |  |
| Date and Place of Birth: |  |
| Email address: |  |
| Telephone and /or Mobile number: |  |
| Director Identification Number: |  |
| Signature: |  |
| Printed name: |  |
| Date: |  |

**Please return to** **info@apen.org.au**