



Council-Appointed Board Nomination Form

*This form is for candidates seeking appointment to one of three available Council-Appointed Director positions.
Please complete all sections and provide accurate information regarding your eligibility, skills, and experience.*

Nomination Details

Nominee, eligibility, skills and experience

Full name

Preferred contact number

Email address

Current position

Primary area of practice / specialty

Primary location of practice

Are you currently a voting member of AMA SA? ☐ Yes ☐ No

Please outline your previous involvement with AMA SA and/ or Federal AMA, including:

- Council positions held
- Committees served on
- Dates of service

Note: Applicants must have served for at least two years as either a Councillor or Committee member within the preceding five calendar years.

Do you confirm that you:

- Are at least 18 years of age?
- Are eligible to hold office under the Associations Incorporation Act 1985 (SA)?
- Are willing to provide written consent to act as a Director if appointed?

Yes ☐ No ☐



Please provide a brief statement outlining:

- Why you are seeking appointment to the Board
 - What you hope to contribute to AMA SA
 - How your experience aligns with the role
- (Maximum 150 words)*

Please indicate your experience in any of the following areas:

- Governance
- Strategy and organisational leadership
- Finance and accounting
- Risk management
- Legal and regulatory compliance
- Human resources and workplace relations
- Advocacy and stakeholder engagement
- Health policy
- Public hospital sector
- General practice
- Private practice
- Rural health
- Digital health and technology
- Membership organisations
- Other

Please provide details of relevant experience

Board experience

Please list any current or previous Board, Committee or Advisory Committee appointments and the dates held.



Contribution to Board Capability

This section captures the skills, perspectives and representation you would bring to the AMA SA Board.

What specific skills, perspectives or expertise do you believe you would bring to the Board that would strengthen its effectiveness? *(Maximum 150 words)*

Please advise whether you identify with any of the following groups:

This information assists Council in considering representation and diversity across the Board.

Rural practitioner

Doctor in Training

General Practitioner

Specialist

Public Hospital Doctor

Private Practice Doctor

Commitment and Governance

This section confirms your availability and understanding of Director responsibilities.

The Board meets at least six times per year and Directors may also be expected to participate on Board Committees. Do you confirm that you are able to commit the necessary time to fulfil the responsibilities of a Director?

Yes

No

If you selected no, please provide comments around your availability:

Do you acknowledge and understand that Directors are expected to:

- Act in the best interest of AMA SA;
- Exercise care and diligence;
- Maintain confidentiality; and
- Manage actual, potential and perceived conflicts of interest, both financial and non-financial, appropriately?

Yes

No



Please disclose any actual, potential or perceived conflicts of interest that may arise if you are appointed as a Director. Examples may include:

- Employment or leadership roles in other medical organisations
- Advisory or consultancy arrangements
- Commercial interests
- Family or personal relationships relevant to AMA SA activities

Consent and Declaration

Please confirm the declaration statements and provide your signature and date.

Please confirm the following declaration statements. Select all that apply.

The information provided in this nomination is true and correct.

I satisfy the eligibility requirements contained in the AMA SA Constitution.

I consent to my nomination being considered by the Governance & Nominations Committee and Council.

If appointed, I consent to act as a Director of AMA SA.

Signature

Date

Candidate Statement for Council

Please provide a statement of up to 200 words outlining your suitability for appointment.

Curriculum Vitae

Please provide a copy of your CV. Accepted formats: PDF, DOC, or DOCX