1. **Applications**

Applications are to be submitted by 2 July 2021 to the MAV email address visionsuperboard@mav.asn.au in the format of Appendix 1.

Any queries regarding this opportunity should be directed to John Nevins on 0411 191 918 or by email to the MAV email address visionsuperboard@mav.asn.au

**APPENDIX 1**

**APPLICATION FORM FOR NOMINATION AS DIRECTOR TO VISION SUPER**

**Personal details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact details**:

Residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board experience**:

Please list any experience you have serving on Boards

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| --- | --- | --- |
| **Organisation Name**  | **Role/Title** | **Period of service** |
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**Academic and technical qualifications**

Please list your qualifications and year of attainment

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| --- | --- |
| **Qualifications**  | **Year of attainment** |
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**Career history**

Please list your employment history for at least the last 10 years

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| --- | --- | --- |
| **Organisation Name**  | **Role/Title** | **Period of service** |
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**Skills and experience**

Please list your skills and experience which would enable you to contribute to the strategic direction and oversight required for the operation of Vision Super.

**Advocacy and Influence**

Please list your experience in advocating and influencing strategic direction and oversight of entities.

**Local Government Sector**

Please provide a short description of your knowledge and understanding of the Local Government Sector.

**Communication between Vision Super and MAV Board**

Please detail how you would foster an effective, bi-annual, two-way communication between the Vision Super Board and MAV Board on matters of relevance to both parties.

**Training**

Please indicate your preparedness to undertake the necessary training to develop working knowledge of the duties and responsibilities of a superannuation fund trustee.

**Capacity and time to commit to the role**

Please address this question in relation to your other commitments including employment and any other directorships.

**Additional relevant information**

Please include any additional information relevant to your application.

**Referees**

Please nominate three referees:

|  |  |  |
| --- | --- | --- |
| **Name and Organisation** | **Contact** | **Role/Title** |
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**Note: By submitting this application you consent to undergo referee and propriety checks as may be required.**

MUNICIPAL ASSOCIATION OF VICTORIA

LEVEL 12, 60 COLLINS STREET MELBOURNE

GPO Box 4326 MELBOURNE VIC 3001

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