



**Application form for Introduction to Corporate Governance Workshop**

**Please complete and fax to (02) 6281 2739**

For more information:

Phone: 1800 622 431 (not free from mobiles) Email: [training@oric.gov.au](mailto:training@oric.gov.au)

**Participant Information**

Location Kempsey Motor Inn, 320 Pacific Highway			
Dates: 13-15 March 2011			
Given name:	Family name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Your given and family names will be printed on any documentation (e.g. certificate of attendance) unless you advise otherwise			
Home Phone:	Work Phone:	Mobile Phone:	
Fax:	E-mail:		
Contact Address:			
Town/community ..... State ..... postcode			

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both
<input type="checkbox"/> I am neither Aboriginal or Torres Strait Islander		Date of birth:

I speak English as my first language	<input type="checkbox"/> yes <input type="checkbox"/> no
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<b>Emergency Contacts - Please provide details of the people you wish us to contact in case of an emergency</b>	
Name:	Phone:

**Employment status:**

full time     part time     unemployed     student

Level of schooling

primary     year 7 - 8     year 9 – 10     year 11 – 12

Post-secondary qualifications

certificate     diploma     degree

**CORPORATION INFORMATION**

Name of your corporation:

ICN No:

Are you a:

Compliant:  Yes  No

director     secretary     staff (please specify e,g CEO)     contact person     member

I have been in this role for \_\_\_\_\_ years and \_\_\_\_\_ months.

**If you are traveling to the workshop do you require assistance**  Yes  No

**Will you be travelling by car**  Yes  No

**Do you require ORIC to arrange your travel**  Yes  No

**Do you require accommodation during the workshop**  Yes  No

**(Twin share rooms only)**

**If you are driving and require reimbursement.**

**Please fax the following before the workshop.**

***\*Reimbursements can take up to 28 days***

- Current Drivers license
- Proof of current registration
- Comprehensive car Insurance policy

***ORIC does not pay for sitting fees, travel allowance or provide childcare)***

**HEALTH**

If you are required to take medication or eat regularly or have any other special needs it is your responsibility to make sure that you look after your own health.

**Please advise of any medical conditions that staff need to be aware of or mobility issues etc:**

**Any special dietary requirements (e.g. diabetic / gluten free)**

**All ORIC workshops are drug and alcohol free.**

**In your own words, please write about yourself, for example:**

- Why do you want to know about how boards, management committee and council staff should work?
- Why do you want to know more about 'governance' and what it means?

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Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **REASON FOR APPLICATION**

- I want to learn more about corporate governance
- I want to better represent my community
- To understand the roles and responsibilities of directors and members
- I want to learn more about the CATSI Act
- I want to learn more about meetings & agenda items
- To learn about conflict management and risk assessment



**JOINT LEARNING AGREEMENT** Please complete and fax to (02 6281 2739)

This agreement is between \_\_\_\_\_ (write your name)  
 and the Office of the Registrar of Indigenous Corporations (ORIC)

**I agree to:**

- attend all the sessions of the training workshop by being there for the whole day on all training days
- fully participate in the workshop in a professional manner
- inform the ORIC training team if I cannot attend a session due to ill health/other reasons
- cooperate fully in all travel and accommodation arrangements
- cooperate fully with ORIC’s terms and conditions of these workshops

**ORIC agrees to provide:**

- a positive learning environment
- high quality training
- relevant course materials, readings and resources
- participant support for travel, accommodation and meals

**DECLARATION**

I have read the agreement and will fulfil the obligations to the best of my ability

If I don’t observe this agreement I may be asked to leave the workshop. If this happen my corporation may have to pay for my travel and accommodation costs.

Participant	ORIC
Signed _____	Signed _____
Date _____	Date _____

**CORPORATION ENDORSEMENT** (for staff applications only)

I, \_\_\_\_\_ (write name of CEO or director) endorse the nomination of this participant in ORIC’s training workshop. I will support the participant to complete the workshop and follow this joint learning agreement.

CEO/Director  
 Signed \_\_\_\_\_  
 Date \_\_\_\_\_