



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

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

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

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 themselves 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 by COB Tuesday, 17th September 2024