**Application Form – Company Directors and Officers**

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| **Employee Details** |  |
| Name: |  |
| Position title: |  |
| Department/Division: |  |

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| **Proposed Director / Officer Details** | | | | |
| Registered name of Company: |  | | | |
| Address of Company: |  | | | |
| Australian Company No (ACN): |  | | | |
| Australian Business No (ABN): |  | | | |
| Type of Company: |  | Public |  | Private |
| Nature of Company Business: |  | | | |
| Seeking appointment as: |  | Director |  | Secretary |
| What is the estimated time commitment (days per year) |  | | | |
| Term of appointment |  | | | |
| Is this appointment part of your University job description: |  | Yes |  | No |
| Will you receive any remuneration such as director’s fees, consultancy fees or share options: |  | Yes |  | No |
| If Yes, please provide details |  | | | |
| *(Note: If you answered yes to either of the above, please refer to clause 18 of the Company Directors and Officers Policy. Council approval is required for remuneration of Directors fees in these circumstances.* | | | | |
| Is there a situation, which could give rise to a perceived, potential or actual conflict or interest in relation to this position? |  | Yes |  | No |
| If yes, please also refer to the [Conflict of Interest Policy](https://policies.latrobe.edu.au/document/view.php?id=83). | | |  |  |
| It is likely that you will be undertaking work for the company as a consultant or employee in addition to the directorship? |  | Yes |  | No |
| If yes, please provide details |  | | | |
| Also refer to the [Outside Work Policy](https://policies.latrobe.edu.au/document/view.php?id=103) | | |  |  |

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| **Proposed Director / Officer Details (cont.)** | | |  |  | |
| The Company carries Directors and Officers insurance: | □ | Yes | □ | No | |
| If yes, name of insurer |  | | | | |
| Please describe your business and financial skills, knowledge and experience that will enable you to professionally discharge the responsibilities of this role |  | | | |
| Please describe why it is in the University’s best interests for you to act in this role |  | | | |
| I acknowledge that I have been given the opportunity to seek independent legal advice regarding the duties owed as a Director/Officer prior to accepting the role | □ |  |  |  |
| Signature of applicant |  | | | |
| Date |  | | | |

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| **Approval** |  |  |  |  |
| The Chief Financial Officer certifies that the University has adequate insurance to cover the liability of the Director/Officer | □ | Yes | □ | No |
| Director/Officer Name |  | | | |

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| **Recommendations** |  |  |  |  |
| The Chief Operating Officer recommends the appointment of the Director/Officer as outlined above to the University Council for approval: | □ | Yes | □ | No |
| The Chief Operating Officer also recommends that Council approves the remuneration of Director Fees in addition to this the applicant’s salary package (Total Remuneration): | □ | Yes | □ | No |