Application Form – Company Directors and Officers

Employee Details

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| --- | --- |
| Name: |       |
| Position title: |       |
| Department/Division: |       |

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 questions 1 & 2, 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 of 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). |
| Is it 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) |
| The Company carries Directors and Officers insurance: | [ ] Yes [ ] No |
| If yes, name of insurer |       |

Proposed Director /Officer Details (cont.)

|  |  |
| --- | --- |
| 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 |       |

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 |       |

Recommendations

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| --- | --- |
| The Vice-President (Administration) recommends the appointment of Director/Officer as outlined above to the University Council for approval: | [ ] Yes [ ] No |
| The Vice-President (Administration) also recommends that Council approves the remuneration of Director Fees in addition to this the applicant’s salary package (Total Remuneration): |       |