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| **CABINET-IN-CONFIDENCE** | | CABINET OFFICE USE |
| [**CABINET APPOINTMENT SUMMARY SHEET**](file:///C:\Users\Templates\Cabinet\Cabinet%20Appointment%20Summary.dot) | | SUBMISSION NO. |
|  |  |  |
| TITLE OF BOARD OR COMMITTEE | | |
| **ENTER TITLE OF BOARD (correct legal name)** | | |
| MINISTER RESPONSIBLE | | |
| **ENTER HON MINISTER'S NAME MLA/MLC, RELEVANT PORTFOLIO** | | |

PROPOSED APPOINTEE(S)

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| --- | --- | --- | --- | --- |
| TITLE | FULL NAME | ELIGIBLE FOR REMUNERATION  (EXTERNAL) | TERM OF APPOINTMENT | |
| Commencing | Expiring |
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| RELEVANT ACT OR AUTHORITY (see Cabinet Handbook) UNDER WHICH BOARD MEMBERS ARE APPOINTED | | | | | | | |
| TIER CLASSIFICATION (see Premier’s Circular 2023/02 – State Government Boards and Committees)  A  B  C  D | | | | | | | |
| COMPOSITION OF BOARD IF CABINET APPROVES THE PROPOSED APPOINTMENT/S: | | | | | | | |
| Total number of positions on board |  |  | | Number of women | |  |  |
| Total number of positions filled |  |  | | Number of men | |  |  |
|  |  |  | |  | |  |  |
| Is Executive Council approval required? | | | Yes | | No | | |
| Has the OnBoardWA Register been consulted? | | | Yes | | No | | |
| Is this submission:  Establishing a Board Yes  No  Appointing Board Members Yes  No | | | | Abolishing a Board Yes  No | | | |
| REMUNERATION RECEIVED (As recommended by PSC or SAT, if applicable)  Chairperson $Amount per meeting/per annum, half/full day etc.  Members $Amount per meeting/per annum, half/full day etc. | | | | | | | |
| OTHER ALLOWANCES PAYABLE  Travel Reimbursement Yes  No | | | | | | | |
| CREATION DATE OF BOARD dd/mm/yyyy  TENURE OF BOARD  Ongoing Yes  No  Termination date of Board (if known) dd/mm/yyyy | | | | Minister’s signature | | | |
| FREQUENCY OF MEETINGS  Weekly  Half-yearly  Monthly  Yearly  Other \_\_[please specify]\_\_ | | | | Date | | | |

**MINISTER FOR...**

**SUBMITS TO**

**PREMIER (IN CABINET)**

**ENTER CORRECT TITLE OF BOARD (Same as on Summary Sheet)**

**PURPOSE OF BOARD**

ENTER purpose/function/objectives/role of the board. Relevant Act or authority to appoint.

**CURRENT MEMBERSHIP**

ENTER membership indicating that more details can be found at Attachment 1.

If new board, delete this section and remove the words “CHANGES TO” in the next section and add “PROPOSED”.

**CHANGES TO BOARD MEMBERSHIP**

Name those being nominated for appointment (details at Attachment 1) and include a brief outline of the selection process. Include information on whether the OnBoardWA Register was used. What consultation and suitability assessment was used. Has the candidate been assessed in regard to any potential conflict of interest, criminal history, working with children, etc. Is the nominee currently a member of other Western Australian Government Boards? Curriculum Vitae for each nominee to be Attachment 2. The Diversity Questionnaire on the CV proforma provides government with important data on the diversity of board membership across the sector and helps us assess how well we are achieving these outcomes.

**FEES AND ALLOWANCES**

## ENTER details of sitting fees as paid and recommended by the Public Sector Commission or SAT (where applicable). List all board members, including those being nominated for appointment and who are not entitled to receive a sitting fee, and detail remuneration rates if received and other allowances (include details of where the sitting fee is paid from, e.g. Consolidated Fund, Commonwealth Government, Self-Funded).

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| **Name** | **Remunerated Y/N** | **Amount** | **Other Allowances** | **Funding Source** |
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## RECOMMENDATION

That Cabinet endorses the appointment by the Minister (or supports the appointment by His Excellency the Governor in Executive Council) of [name of member] as [board position] (or of the following and list members names and positions) to the [name of board] in accordance with section [x] of the [enter Act] for a term commencing on [enter date] and expiring [enter date].

Name

**MINISTER FOR**

**BOARD PRO FORMA**

|  |  |
| --- | --- |
| **TITLE OF BOARD/COMMITTEE:** | **(Same as on Summary Sheet)** |
| **LEGISLATIVE AUTHORITY:** |  |
| **AGENCY CONTACT DETAILS:** | **(Committee Secretary / Board Secretariat), Address, Phone, email** |

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| **Proposed New or**  **Re-appointed Members** | **FULL NAME**  **(Include Title)** | **DATE OF BIRTH** | **GENDER** | **POSITION ON BOARD** | **NOMINEE SOURCED FROM OnBoardWA (Y/N)** | **REMUNERATION**  **$ AMOUNT P.A.** | **SECTION OF ACT** | **REPLACING (CEASED MEMBERS NAME) OR FIRST APPOINTMENT DATE** | **TERM OF APPOINTMENT (COMMENCING & EXPIRING)** | |
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| **Continuing Members** | **FULL NAME**  **(Include Title)** | **DATE OF BIRTH** | **GENDER** | **POSITION ON BOARD** | **NOMINEE SOURCED FROM OnBoardWA (Y/N)** | **REMUNERATION**  **$ AMOUNT P.A.** | **SECTION OF ACT** | **FIRST APPOINTMENT DATE** | **TERM OF APPOINTMENT (COMMENCING & EXPIRING)** | |
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| **Members Ceased** | **FULL NAME**  **(Include Title)** | **DATE OF BIRTH** | **GENDER** | **DATE CEASED** | **REASON** |
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**Curriculum Vitae Pro forma**

The following information is required by the Department of the Premier and Cabinet from board member nominees (for both new members and reappointed members). Maximum of two pages for each member. [This text to be deleted].

**Title** Mr/Mrs/Ms/Miss/Mx/Dr/Prof….

**Full Name**

**Postal Address**

**Contact Telephone Number**

**Email Address**

**Date of Birth** dd/mm/yyyy

**Current employer and position:**

**Work history relevant to board position:**

* [List]

**Voluntary involvement relevant to board position:**

* [List]

**Qualifications/training:**

* [List]

**Other board experience (list all current positions):**

* [List]

**Current contact details of two (2) referees:**

* [Referee 1] – must include name, job title (if applicable) and contact details
* [Referee 2] – must include name, job title (if applicable) and contact details

The following information provides important data on the diversity of board membership across government and helps assess achievement of these outcomes. [This text to be deleted].

Aboriginal Yes / No

Torres Strait Islander Yes / No

Person with a disability or special needs Yes / No If yes, please specify

Language other than English spoken at home Yes / No If yes, please specify

Country of Birth – Australia Yes / No If no, please specify