



Blackmans Bay Childrens Services

19th March 2018

Dear Member

An Opportunity to nominate for the BBCS Board of Directors

Blackmans Bay Childrens Services is a not for profit organisation with a long and proud history of providing childrens services in the community. Over the years the board has played a significant role in monitoring and guiding the strategic growth of the organisation in the community we serve.

You are invited to nominate to fill a position on the Board of Directors at the upcoming AGM in May 2018

Serving on the Board as an effective director requires:

- Your time – to prepare for, attend meetings and undertake relevant actions
- Active engagement in Board discussions and debates, including occasional electronic communication between meetings
- Be prepared to represent Blackmans Bay Childrens Services
- Have an understanding of the services that BBCS provides
- Be willing to develop skills in being an effective director

Meeting frequency:

- Monthly meetings for approximately two hours
- Annual Strategic plan review for approximately half a day, usually in conjunction with facilitated Board retreat

In addition to providing your service to the membership, a director position also enables members to enjoy further professional growth by having access to professional development opportunities. You will participate in an induction program and have access to training for new directors.

Prior to election, applicants must be accepted as Vision Members of BBCS, application form attached.

The next several years promise to be exciting ones for Blackmans Bay Childrens Services and if you feel that you have the desire and qualities to serve on the Board, we would encourage you to nominate using the nomination form attached. Nominations are due by the **4th April 2018**

Kind Regards

Jeanette Loosmore
Chairperson
Blackmans Bay Childrens Services



Blackmans Bay Childrens Services
Vision Member
Membership Application Form

Member Details:			
Full name:		Date of Birth:	
Place of Birth:			
Other name/s known by:			
Residential Address:			
Postal Address:			
Telephone (H)		Telephone (W)	
Mobile			
Email:			
<ul style="list-style-type: none"> I hereby apply for Vision Membership of Blackmans Bay Childrens Services and agree to accept the objects of the association and terms and conditions of membership as amended from time to time. If I am accepted as a member, I understand and agree that membership will automatically lapse if the annual subscription is not paid by 31st December each year. I understand that my membership will not be accepted until I provide evidence of a currently valid "Working with Children" registration either as a volunteer or employee. 			
Signature:		Date:	

Payment of Membership Fee	
Membership fee of \$20 is enclosed <input type="checkbox"/>	OR complete credit card details below
<ul style="list-style-type: none"> Please charge my credit card as follows with the membership fee of \$20. I understand that the credit card payment will not be processed until membership has been accepted. 	
Card Number:	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Expiry Date:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Name on Card: _____	Cardholder Signature: _____

Board Endorsement:	
Date of Board meeting this application being considered:	
This nomination was considered at the Board of Directors meeting on the date specified and the membership determined as follows:	
Nomination accepted: <input type="checkbox"/>	Nominated declined: <input type="checkbox"/>
Board Signature:	Date:

Office Use Only:
 Receipt Number: _____
 Entered into Membership register

Selection Criteria:

Please comment on your current **Professional Skills and Knowledge:**

Examples of the types of skills you may wish to comment on:

- *Ability to understand and interpret financial and operational reports; Experience contributing to corporate policies, plans and objectives; Strategic thinking with capacity to critically analyse and question; An understanding of the legal obligations of a Director and those of the organisation; An understanding of risk management principles and how they apply to the organisation*

Please comment on your **Personal Skills and Character:**

Examples of the types of skills you may wish to comment on:

- *Interpersonal and communication skills; Of good character: honesty, integrity, respect for the views of others; Leadership: good judgement, common sense, perspective, independence, objectivity, willingness to take positions and to questions, courage to act*

Please comment on your **support and advocacy for the role and functions of the organisation:**

Examples of the types of advocacy and functions you may wish to comment on:

- *An awareness of the organisation, the sector and marketplace in which the organisation operates; Supportive of the mission of the organisation; An advocate for the rights of children and commitment to consider the best interests of children in decision making*



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Board Member Nomination Form

March 2018

Nominee Details:			
Information marked * is required by the Australian Charities and Not-for-Profit Commission			
Full name:*		Date of Birth:*	
Place of Birth			
Other name/s known by:*			
Residential Address:*			
Postal Address:			
Telephone (H)		Mobile:	
Telephone (W)			
Email:			
I accept the nomination to the Board of Blackmans Bay Childrens Services. I understand that my nomination will not be endorsed by Blackmans Bay Childrens Services until the following occurs:			
<ul style="list-style-type: none">• A search of the ASIC Register for Banned or Disqualified Persons*• Obtaining a Working with Children Registration• I have reviewed the Privacy and Confidentiality Policy and signed a statement of compliance• I have reviewed the Code of Conduct Policy and signed a statement of compliance.			
Signature:		Date:	

Nominator Details:			
Name:			
I nominate the person listed above for a position on the Board of Blackmans Bay Childrens Services. I understand that this nomination must be seconded and is subject to endorsement by the Board once the above good character checks have been completed.			
Signature:		Date:	

Secunder Details:			
Name:			
I second the above nomination.			
Signature:		Date:	

Office Use Only:

- | | |
|--|--|
| <input type="checkbox"/> ASIC search | <input type="checkbox"/> Entered ACNC Portal |
| <input type="checkbox"/> WWC Registration received | <input type="checkbox"/> Notification to ECU |
| <input type="checkbox"/> Privacy & Confidentiality Statement | <input type="checkbox"/> Profile received & uploaded |
| <input type="checkbox"/> Code of Conduct Statement | |

Blackmans Bay Childrens Services Inc. [ABN: 21707156941]

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Blackmans Bay Childrens Services

Confidentiality Agreement

This agreement is to be read in conjunction with Blackmans Bay Childrens Services Governance and Management (Including confidentiality of records) Policy and Procedure.

I acknowledge and confirm that as a Director of Blackmans Bay Childrens Services, I have access to a range of information regarding the organisation's stakeholders, staff and educators, financial status (eg budgets, projects, salaries, etc), operations, clients, policies and resources which are of a confidential nature. I acknowledge this information is the exclusive property of Blackmans Bay Childrens Services.

1. I understand that the organisation requires that strict confidentiality be maintained with respect to all information obtained by me concerning the organisation. Further, I agree that any knowledge gained as a result of my position will remain in strictest confidence.
2. I acknowledge that the information referred to in Clause 1 above could be used to the detriment of the organisation and its activities and thereby undertake to treat as confidential all information, including the organisation's stakeholders, staff, educators, financial status (eg budgets, projects, salaries, etc), operations, clients, policies and resources. I agree not to disclose this information to any third party either during the term I am engaged by the organisation, or at any time thereafter without prior written consent of the organisation, or unless required by law to do so.
3. I agree to exercise due care to ensure that any information I may give to others in the course of my duties, or otherwise, is information that is required to be given and is given to a party entitled to receive such information.
4. I agree not to use my association with the organisation in order to obtain any monetary or other benefit, without the prior written consent of the organisation.
5. I agree I will not discuss the details of my work with any third party or representatives of the media or publicise any of the confidential aspects of my work orally or by written work or any other medium of communication, without the prior written consent of the organisation.
6. I agree to immediately disclose to the organisation any information which may be relevant to, or which may affect my work. I understand this obligation is an ongoing one.
7. I understand that any breach of this agreement shall constitute grounds for, and may result in, termination. I understand that the organisation reserves the right to pursue further legal action in relation to any breach of this agreement.

Signed:

I confirm that I have read the above confidentiality agreement and the organisation's Governance and Management (including confidentiality of records) policy and procedure. I affirm I will abide by the terms and conditions specified, or as I may otherwise be directed in writing by the organisation's Board of Directors.	
Name:	Address:
Signed:	Date:

Witness:

Name:	Address:
Signed:	Date:



Blackmans Bay Childrens Services

Blackmans Bay Childrens Services Board

Code of Conduct

Each Board member will

- Seek to gain an understanding of the role of Blackman's Bay Childrens Services, its goals and objectives and the relationship to service provision.
- Consider myself to be a trustee of Blackman's Bay Childrens Services and ensure that it is well-maintained, financially secure and operating in a manner which is appropriate and relevant to the needs of the community, and in the best interests of those we serve.
- Promote Blackman's Bay Childrens Services within the broader community in a positive and professional manner.
- Represent the interests of all people served by Blackman's Bay Childrens Services, in a non-discriminatory manner, with children and families being my primary concern.
- Be aware of the responsibilities, including the legal implications, which come with Board membership.
- Remain loyal to the Board and Blackmans Bay Childrens Services and do nothing to violate the trust of those who supported my appointment to the Board.
- Attend Board meetings punctually and regularly and tender the normal apologies when unable to do so.
- Approach all Board issues with an open mind and be prepared to make the best possible decisions on behalf of all those served by Blackmans Bay Childrens Services.
- Respect and support the majority decisions of the Board.
- Work in a collegiate style with fellow Board members, treating each with dignity and respect, regardless of their individual interests or personal values.
- Value the contribution of others, and work to build an atmosphere which encourages tolerance of the views of others, and encourages the use of the personal and professional strengths that each member brings to the Board.
- Adhere to the confidentiality agreement at all times.
- Endorse and promote the code of ethics of the whole of Blackman's Bay Childrens Services of which this Board Code of Conduct is but one part.

I confirm that I have read the above Code of Conduct. I affirm I will abide by the terms and conditions specified, or as I may otherwise be directed in writing by the organisation's Board of Directors.

Name:	Address:
Signed:	Date:

Witness:

Name:	Address:
Signed:	Date: