

# State Aboriginal Heritage Committee nomination form

This form is for those seeking to nominate for the State Aboriginal Heritage Committee (SAHC). For more about the SAHC, visit the [Attorney-General's Department website](#).

**All applicants must complete sections 1, 3, 4 and 5.**

**If you are being nominated by someone other than yourself, you must also complete section 2.**

## Part 1 – Nominee's details

Personal information			
First name		Last name	
Address			
Postcode		State	
Phone		Mobile	
Email		Fax	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth (optional)	
Language group(s) you identify with			
Nomination details			
Are you self-nominating or someone else nominating you?	<input type="checkbox"/> Self-nominating* <input type="checkbox"/> Nominated by a Community member* <input type="checkbox"/> Nominated by an Aboriginal organisation, board or community group <i>*If you are self-nominating or nominated by another Community member, it is recommended that you seek the endorsement of an appropriate representative Aboriginal body and provide a letter of support.</i>		
	<input type="checkbox"/> A letter of support from a representative Aboriginal body is attached.		

<b>Community organisation endorsement</b>	If you have not provided an endorsement for your nomination, please provide your reasons:
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Employment history			
<b>Current employment details</b> (if applicable)	<b>Name of organisation</b>		
	<b>Position</b>		
	<b>Years / months in the position</b>		
If you've been in your current position for less than 2 years, please list your previous employment.			
<b>Employer 1</b>			
<b>Position</b>		<b>Duration</b>	
<b>Employer 2</b>			
<b>Position</b>		<b>Duration</b>	

Qualifications and training			
<b>What is the highest level of education or training you have achieved?</b>	Please tick only one box		
	<input type="checkbox"/> University / TAFE	<input type="checkbox"/> Year 10 or equivalent	
	<input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> Year 7 – 9 or equivalent	
	<input type="checkbox"/> Year 11 or equivalent	<input type="checkbox"/> Other:	
<b>What qualifications do you hold?</b>	Please list the qualifications you hold. These may be certificates or degrees in relevant areas of study, such as Aboriginal heritage studies, community management, governance etc.		
	<b>Name of institute / organisation</b>		
	<b>Course name</b>		

	Year completed			
	Name of institute / organisation			
	Course name			
	Year completed			

### Boards and committee experience

<p>Do you have experience on boards or committees?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	If yes, please list the organisations, positions held and lengths of term.			
	Name			
	Position		Duration	
	Name			
	Position		Duration	
	Name			
	Position		Duration	

### Other information

Have you previously been appointed to the SAHC?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes	Year appointed:	Length of term:	
How did you hear about the opportunity to nominate for membership?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Internet/email/social media <input type="checkbox"/> Noticeboard <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other		
If unsuccessful, would you like your details to be held for two years for future vacancies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



## Part 2 – Nomination by someone other than yourself

This part must be completed where you are being nominated by someone other than yourself.

Nominator details			
First name		Last name	
Organisation			
Phone		Email	

Nominator's statement of support			
Please refer to the selection criteria where relevant.			
Signature of nominator		Date	
I, the nominee, accept the above nomination for appointment to the State Aboriginal Heritage Committee.			
Signature of nominee		Date	

## Part 3 – Nominee's acknowledgement

This must be completed for **all** nominations.

I acknowledge that if I am appointed to the State Aboriginal Heritage Committee, I will agree to the conditions of appointment set by the Minister.			
Name		Date	
Signature			

## Part 4 – Selection criteria

Your nomination <b>will not</b> be considered if the selection criteria is not addressed.	
If you need more space for your answers, use additional paper and attach it to your nomination or include the information in your cover email.	
Are you committed to attending meetings at least every 6 weeks in Adelaide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mostly – I may have a competing commitment to _____
Are you able to access and contribute to virtual meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> By phone <input type="checkbox"/> Via Teams on your own computer
Are you committed to preparing for meetings? This includes reading meeting papers beforehand	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mostly – I may have a competing commitment to _____
Please describe your knowledge and experience in the protection and preservation of Aboriginal cultural heritage in South Australia	

The State Aboriginal Heritage Committee is required to advise on challenging and complex heritage matters. Please describe your knowledge and understanding of the challenges facing Aboriginal people and organisations in protecting, preserving and managing their cultural heritage.

Committee members are required to exercise confidentiality, procedural fairness and good governance, and are subject to a Code of Conduct. Please describe what being a good Committee member means to you.

Committee members are required to declare real and perceived conflicts of interest at each meeting. This includes your interests and potentially those of your family, business and other associates. What does a "conflict of interest" mean to you? Please give an example where you may have to declare an interest at a Committee meeting.

What do you know about the *Aboriginal Heritage Act 1988* (SA)?

What makes you a strong candidate for membership of the Committee? For example, your skills, experience, heritage knowledge, board experience, understanding of governance etc

Why would you like to be a member of the committee?

## Part 5 – Referees

Please list the details of 2 current referees relevant to your nomination			
Name			
Relationship to you		Phone number	
Name			
Relationship to you		Phone number	

## Submitting nominations

Send completed nomination forms and any related documentation to:

[jill.walsh@sa.gov.au](mailto:jill.walsh@sa.gov.au)

or via mail to:

Ms Jill Walsh  
 Executive Officer, State Aboriginal Heritage Committee  
 Aboriginal Affairs and Reconciliation  
 Attorney-General's Department  
 GPO Box 464, ADELAIDE SA 5001

Nominations close **Monday 26 May 2025**. Late nominations will not be accepted.

For further information, contact (08) 8429 9413.