# Curriculum Vitae – Pharmacy Registration Board

The following information is required by the Department of the Premier and Cabinet from board member nominees. (For both new members and reappointed members.) A maximum of two pages for each member.

|  |  |
| --- | --- |
| Title |  |
| Full Name |  |
| Postal Address |  |
| Contact telephone number |  |
| Email Address |  |
| Current Employer & Position |  |
| Work history relevant to the Board |  |
| Voluntary involvement relevant to the Board |  |
| Qualifications/ Training |  |
| Other Board experience (list all current positions) |  |
| Referee 1 | [Please provide name and current contact details] |
| Referee 2 | [Please provide name and current contact details] |

The following information is optional and provides the Department of Premier and Cabinet with important data on the diversity of board membership across government and helps them assess how well they are achieving those outcomes

|  |  |
| --- | --- |
| Date of birth | DD/MM/YYYY |
| Aboriginal | Y/N |
| Torres Strait Islander | Y/N |
| Country of Birth – Australia | Y/N if No, please specify: |
| Language other than English spoken at home | Y/N If Y, please specify: |
| Person with a disability or special needs | Y/N If Y, please specify: |