



## RISK AND GOVERNANCE COMMITTEE NOMINATION FORM

Name	
Current Employer	
Job Title	
Phone	
Email	
Please detail relevant Experience and/or qualifications in the following areas	
<b>Governance</b>	
<b>Strategic Planning</b>	
<b>Management / Corporate responsibility</b>	
<b>Sport Ethics</b>	

<b>Culture Management</b>	
<b>Risk Management</b>	
Please provide any other information that supports your nomination.	

I confirm that I ..... (full name) :

- Meet the criteria of independence (as detailed below)
- Understand that I must provide a valid Working with Children Check if appointed
- Commit to attend two meeting per year and other workshops/meetings that may be requested by Basketball SA from time to time

Signature .....

Dated: / /

*(a) must not be on the management committee (or similar body) of or employed by, Basketball SA, Basketball Adelaide, SA Church or SA Country;*

*(b) must not be on the management committee (or similar body) of or employed by any affiliate of Basketball Adelaide, SA Church or SA Country specifically including any District Club, Church Club or Country Association or the Adelaide Lightning Basketball Club or the Adelaide 36ers Basketball Club.*

*(c) must not receive an honorarium payment exceeding a minimum threshold (to be determined annually by the Commission) from any affiliate of Basketball Adelaide, SA Church or SA Country;*

*(d) must not have a commercial, financial or legal prejudicial interest in the operations of Basketball SA, declared or perceived.*

*(e) must not have held a position detailed in (b) (c) or (d) above anytime within the last 3 years, nor have held a position for such a period that their independence has been compromised.*