|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | |
| 2025 Expression of Interest | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Fields marked with an asterisk (\*) are required.  Fields marked with a caret (^) are for office use only. | | | | | | | | | | | |
| Personal Details\* | | | | | | | | | | | |
| Title: \* | | Mr | | Mrs | | | | Ms | | | Dr |
| **Name of person nominating:** \* | |  | | | | | | | | | |
| **Date of Birth:**\* | |  | | | | **Community:**\* | | |  | | |
| **Language group:** \* | |  | | | | | | | | | |
| **Mobile Number:** \* | |  | | | | **Phone Number:** \* | | |  | | |
| **Email Address:**\* | |  | | | | | | | | | |
| **Postal Address/CMB:** \* | |  | | | | | | | | | |
| **Employer**: \* | |  | | | | | | | | | |
| **Job Title:** \* | |  | | | | | | | | | |
| **Next of Kin Details**\* | | | | | | | | | | | |
| Title: \* | | Mr | | Mrs | | | | Ms | | | Dr |
| Name: \* | |  | | | | | | | | | |
| Relationship:\* | |  | | | | | | | | | |
| **Mobile Number:**\* | |  | | | | **Phone Number:**\* | | |  | | |
|  | | | | | | | | | | | |
|  | | | | | |  | | | | | |
| **Applicant to complete**\* | | | | | | | | | | | |
| **Highest year of schooling completed:** \* | | | | | | **Name of School/Year completed:** \* | | | | | |
| **Year 9** | | | | | |  | | | | | |
| **Year 10** | | | | | |  | | | | | |
| **Year 11** | | | | | |  | | | | | |
| **Year 12** | | | | | |  | | | | | |
| **Previous qualifications:** \* | | | | | | | **Name of Qualification:** \* | | | | |
| **Certificate I** | | | | | | |  | | | | |
| **Certificate II** | | | | | | |  | | | | |
| **Certificate III** | | | | | | |  | | | | |
| **Certificate IV** | | | | | | |  | | | | |
| **Diploma** | | | | | | |  | | | | |
| **Other** | | | | | | |  | | | | |
| **Which of the following do you currently have?** \* | | | | | | | **Expiry Date/s: DD/MM/YYYY** \* | | | | |
| **Current NT Driver’s License** | | | YES | | NO | |  | | | | |
| **First Aid Certificate** | | | YES | | NO | |  | | | | |
| **Mental Health First Aid** | | | YES | | NO | |  | | | | |
| **Ochre Card** | | | YES | | NO | |  | | | | |
| **Why do you want to participate in the First Circles Leadership Program?** \* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **How do you currently represent your community e.g. Board Member or Committee? Please specify;** \* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **What issues are currently effecting your community?** \* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **How do think you can help with these issues as a leader?** \* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **What other interests do you have e.g. Sports, Hobbies, Education, Future Job opportunities:** \* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Are you able to provide a Curriculum Vitae (CV)?  Please attach to Nomination Form if you have a CV.** | | | | | | | | | | | |
| **Signature of nominee:** | | | | | | |  | | | | |
| **Date: DD/MM/YYYY** | | | | | | |  | | | | |
| **Please list two individuals that support your nomination (include your direct supervisor):**\*  Direct Supervisor Details: | | | | | | | | | | | |
| **Name:**\* | |  | | | | | | | | | |
| **Organisation:**\* | |  | | | | **Job Title:**\* | | |  | | |
| **Mobile Number:**\* | |  | | | | **Phone Number:**\* | | |  | | |
| **Email Address:**\* | |  | | | | | | | | | |
| Second Support Persons Details:\* | | | | | | | | | | | |
| **Name:**\* | |  | | | | | | | | | |
| **Organisation:**\* | |  | | | | **Job Title:**\* | | |  | | |
| **Mobile Number:**\* | |  | | | | **Phone Number:**\* | | |  | | |
| **Email Address:**\* | |  | | | | | | | | | |
| **Employer/Supervisor to complete:** \* | | | | | | | | | | | |
| First Circles Leadership Program is run over a 12 month period with 5 workshops ranging from 2 to 3 days at a time. This includes travel throughout the Northern Territory Regions. At times we may need your assistance to coordinate travel plans to make members available for workshops. Are you able to support a First Circles member at this capacity? If “No” can you state why as we may be able to assist; | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Do you have capacity to be a point of contact, on behalf of the First Circles team, to members who may be working in remote locations or have difficulty in communicating with us for the purpose of the program? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Does the Nominee have access to the following; (in the workplace, for work):** \* | | | | | | | | | | | |
| Computer | | | | | | | YES | | | NO | |
| Microsoft Teams | | | | | | | YES | | | NO | |
| Emails | | | | | | | YES | | | NO | |
| Work Phone | | | | | | | YES | | | NO | |
| Vehicle | | | | | | | YES | | | NO | |
| **What makes this nominee a suitable applicant for the First Circles Leadership Program?** \* | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Terms of Reference The Terms of Reference (ToR) for First Circles members are as follows:   * A First Circles member must be an Aboriginal person who comes from a Northern Territory remote community, homeland or town camp. * Proactive in the community and throughout their region. * Ability to liaise with community members, seeking advice and support for local and regional opportunities/initiatives. * Participate in community forums, projects and policy development. * Work collaboratively with the Department of the Chief Minister and Cabinet, local authorities and other agencies. * If necessary support Departmental staff member visits and assist with community discussions. * Attend workshops and the Cabinet meeting and actively participate in discussions. * Adhere to First Circles’ membership code of conduct.  Further Information / Submission of Nomination Form Completed nomination forms can be emailed to: [aboriginalaffairs@nt.gov.au](mailto:aboriginalaffairs@nt.gov.au)  Don’t forget to include a copy of your resume/CV if you have one.  *Successful applicants may be required to obtain an Ochre Card.*  Visit [aboriginalaffairs.nt.gov.au](https://dcm.nt.gov.au/supporting-government/office-of-aboriginal-affairs/first-circles-leadership-program2/first-circles-leadership-program) or call 08 8999 8579 for further information about the First Circles Leadership Program. | | | | | | | | | | | |
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