1. Entity Details

| 1. **Entity name**
 | 1. **Portfolio**
 |
| --- | --- |
| Insert here | Insert here |
|  |
| 1. **Method of establishment**
 |
| [ ]  Bill: Name is: Insert here[ ]  Legislation: Act and/or Regulation name is: Insert here , section number(s) Insert here [ ]  Cabinet approval Insert the reference number and date |
|  |
| 1. **Description**
 |
| Attach information describing the entity’s characteristics in terms of its: |
| * role
* focus
 | * qualification for appointment
* time commitment of members
 |

|  |
| --- |
|  |
|  |
|  |

| 1. **Characteristics rating**

Use the information at 1d. Select one option per row. |
| --- |

| **Role** |
| --- |
| **5. [ ]  Registration** | **4. [ ]  Licensing** | **3. [ ]  Accreditation** | **2. [ ]  Standard Setting** | **1. [ ]  Advice** |

| **Focus** |
| --- |
| **Highest** | 1. [ ]  **State**
 | **⭢** | 1. [ ]  **Industry**
 | **⭢** | 1. [ ]  **Regional**
 | **⭢** | 1. [ ]  **Local**
 | **Lowest** |
| **Qualification for appointment** |
| **Highest** | 1. [ ]  **Critical**
 | **⭢** | 1. [ ]  **Significant**
 | **⭢** | 1. [ ]  **Moderate**
 | **Lowest** |
|  |
| **Time commitment of members** |
| **Highest** | 1. **[ ]  High**
 | **⭢** | 1. **[ ]  Moderate**
 | **⭢** | 1. **[ ]  low**
 | **Lowest** |

Section 2 Proposed Level and Remuneration

| 1. **Proposed level**

Select only one level, and select one or more of its criteria that best apply. |
| --- |
| **[ ]  Level E4:**  | *The criteria that best apply are:* | [ ]  E4-i | [ ]  E4-ii | [ ]  E4-iii |  |  |
| **[ ]  Level E3:**  | *The criteria that best apply are:* | [ ]  E3-i | [ ]  E3-ii | [ ]  E3-iii |  |  |
| **[ ]  Level E2:**  | *The criteria that best apply are:* | [ ]  E2-i | [ ]  E2-ii | [ ]  E2-iii | [ ]  E2-iv | [ ]  E2-v |
| **[ ]  Level E1:**  | *The criteria that best apply are:* | [ ]  E1-i | [ ]  E1-ii | [ ]  E1-iii |  |  |
|  |  |  |  |  |  |
| 1. **Supporting comments for the proposed level**

Insert comments to support the proposed level selected at 2a. |
| Start here |
|  |
| 1. **Proposed remuneration**

 Select one option only and insert the $ amount if applicable. |

| [ ]  | **Annual fee-within the range:** | Chair:  | $Insert here per annum | Member:  | $Insert here per annum |
| --- | --- | --- | --- | --- | --- |
| [ ]  | **Annual fee-below the range** | Chair:  | $Insert here per annum | Member:  | $Insert here per annum |
| [ ]  | **Standard daily sitting fee** | Chair:  | $Insert here per day | Member:  | $Insert here per day |
| [ ]  | **Unpaid: No fees applicable**  |  |

Section 3 Authorisation and Contact Details

| **Name** | **Position** |
| --- | --- |
| Insert here | Insert here |
|  |
| **Agency** | **Phone** | **Email** |
| Insert here | Insert here | Insert here |
|  |
| **Signature** | **Date** |
| Insert here | Insert here |
|  |
| Send the completed request with the supporting information to: boardremuneration@psc.nsw.gov.au |