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 | | |  |
|  | | | | |
| **Signature** | | | **Date** | |
| Insert here | | | Insert here | |
|  | | | | |
| Send the completed request with the supporting information to: [boardremuneration@psc.nsw.gov.au](mailto:boardremuneration@psc.nsw.gov.au) | | | | |