

PILBARA HEALTH NETWORK BOARD NOMINATION FORM

Board Nomination Form

To be considered for the Pilbara Health Network Board, nominees must complete this Board Nomination Form and nominate the Director Position that they wish to be considered for.

Please complete the following:

YOUR PERSONAL DETAILS			
Title and Full Name:			
Home Address:			
Suburb/City:		Postcode:	
Email (primary)	<i>Note: This address will be used for all nomination correspondence.</i>		
Telephone:			
Current Employer and Position:			

Nominated Director Position: _____

I confirm that all information and statements provided are true, complete and accurate.

I understand there is no right to appeal for nomination applications that are declined.

Completed by: _____
(Print Name)

Signature: _____

Date: _____

**Outline your Skills and Experience including Qualifications and Membership of Professional Associations,
alternatively attach your CV**

Please provide a statement of no more than 300 words outlining your interest in becoming a Board Member of Pilbara Health Network