

SCHEDULE 2
NON-INCORPORATED HEALTH ADVISORY COUNCIL
LOCAL GOVERNMENT MEMBER NOMINATION FORM

To the Presiding Member of the:

(Insert full name of Health Advisory Council or select from drop-down list on e-form)

The:

(Insert name of district council or councils as appropriate)

together hereby nominate the following two (2) persons to be considered for appointment under clause 19 of the Rules of the:

(Insert full name of Health Advisory Council or select from drop-down list on e-form)

Name 1:

Address:

Name 1:

Address:

1. Evidence in writing of the consent of the nominee is attached.
2. A current curriculum vitae for the nominee is also attached.

ENDORSED BY:

Name:

Authorised representative of local council

Signature:

Date: / /

Name:

Authorised representative of local council

Signature:

Date: / /