SCHEDULE 3

NON-INCORPORATED HEALTH ADVISORY COUNCIL

LOCAL MEMBER OF PARLIAMENT NOMINATION FORM

-	41	D	B	A I	- 6 (1)
10	tne	Presidi	ına ı	/lember	or the:

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

		(moon fail hame of floatin havisory council of scient from alop down list on a form)
ı	We	: :
		(Insert name of local member/s as appropriate)
togethe Rules c		eby nominate the following one (1) person to be considered for appointment under clause 20 of the
		(Insert full name of Health Advisory Council or select from drop-down list on e-form)
Name	1:	
Addres	ss:	
	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:	Local Member of Parliament
Signature:	Date: / /
Name:	Local Member of Parliament
Signature:	Date: / /