

SCHEDULE 4
INCORPORATED HEALTH ADVISORY COUNCIL
LOCAL MEMBER OF PARLIAMENT NOMINATION FORM

To the Presiding Member of the:

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

I We:

(Insert name of local member/s as appropriate)

together hereby nominate the following one (1) person to be considered for appointment under clause 23 of the constitution of the:

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

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: Local Member of Parliament

Signature: Date: / /

Name: Local Member of Parliament

Signature: Date: / /