

SCHEDULE 1
NON-INCORPORATED HEALTH ADVISORY COUNCIL
RESIDENT MEMBER NOMINATION FORM

To the Returning Officer of the:

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

I

(insert full name)

of

(insert address)

Hereby nominate to be considered for appointment under clause 18 of the Rules of the:

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

and confirm that I am a resident of the Community.

***Community** is a collective term referring to persons who live in the Local Area as defined in the abovementioned 'Health Advisory Council' Rules or who live outside of the Local Area but who use or may use services provided by or associated with the Local Area health service sites of Country Health SA Local Health Network Incorporated.*

Signature of nominee:

Date: / /

A copy of my current curriculum vitae is attached.

NOMINATION SUPPORTED BY:

Name:

Address:

Resident of the Community

Signature:

Date: / /

Name:

Address:

Resident of the Community

Signature:

Date: / /