



## GIPPSLAND WOMEN'S HEALTH BOARD NOMINATION FORM

### APPLICANT FOR NOMINATION

(Name)

Of (Address)

Note: Applicants may self-nominate but are required to have two current GWH members support the nomination

### NOMINATING ASSOCIATION MEMBER

I, (Name)

Confirm I am a current member of Gippsland Women's Health and nominate the above for a position on the GWH Board of Management.

Signature:

Date:

### SECONDING ASSOCIATION MEMBER

I, (Name)

Confirm I am a current member of Gippsland Women's Health and second the nomination proposal for the above for a position on the GWH Board of Management.

Signature:

Date:

### ACCEPTANCE OF NOMINATION

I (Name)

Confirm I am a current Association Member of Gippsland Women's Health and accept the nomination to serve as a member of the Board if elected.

Signature:

Date:

### Application Checklist:

Resume including two referees	<input type="checkbox"/>
Board application form	<input type="checkbox"/>
Confirmation of current GWH Association Membership	<input type="checkbox"/>
Confirmation of a current Police Check (or willingness to obtain)	<input type="checkbox"/>
GWH Conflict of Interest Form	<input type="checkbox"/>