NOMINATION FOR DIRECTORSHIP FORM

I, (name)……..……..……..……of (address)……..……..……..…
submit my nomination for a position of Director at the Annual General Meeting of Wuchopperen Health Service Limited to be held on Wednesday 25th November 2020.

I confirm that:

- ☐ I am a financial Member of Wuchopperen Health Service Limited; **AND**
- ☐ I identify as an Aboriginal and/or Torres Strait Islander person*; **AND**
- ☐ I am accepted as such by the Cairns community; **AND**
- ☐ I am not an employee of Wuchopperen Health Service Limited nor have I been an employee of Wuchopperen Health Service Limited for the previous two years; **AND**
- ☐ I am in the possession of, a *'Positive Notice (Blue Card) for Child Related Employment'* or *'Positive Notice (Blue Card) in a Volunteer Capacity'* and a copy is attached to my Nomination for Directorship Form; **AND**
- ☐ I am in the possession of, or am eligible for, a 'Child Safety and Personal History Screening Check (LCS-2)' with the Department of Child Safety, Youth and Women.

If elected, I commit to

- ☐ Comply with Wuchopperen Health Service Limited's Governance policies and procedures; **AND**
- ☐ Participate in the Board of Directors' Induction.

……. ……/……/……

Signature of Nominee **Date**

The nomination must be supported by two financial members of Wuchopperen Health Service Limited to be accepted as a valid nomination.
THE MEMBERS SUPPORTING THE NOMINATION MUST NOT BE A MEMBER OF THE NOMINEES FAMILY.

MEMBERS SUPPORT (1 of 2)

I, (name) ……..……..…… of (address)……
support the nomination and confirm that I am a financial member of Wuchopperen Health Service Limited.

……. ……/……/……

Signature of Member **Date**

MEMBER SUPPORT (2 of 2)

I, (name) ……..…....…… of
(address)……..……..……..……support the nomination and confirm that I am a financial member of Wuchopperen Health Service Limited.

……. ……/……/……

Signature of Member **Date**

In accordance with the Constitution of Wuchopperen Health Service Ltd, only persons of Aboriginal and/or Torres Strait Islander descent can serve as Directors on the Board.

To support my nomination, I confirm that the skills, abilities and knowledge that I will bring to the Board of Directors include:

(Please provide a brief summary for areas relevant to your skills, knowledge and abilities)

☐ **Health**
☐ **Social and Emotional Wellbeing**
☐ **Financial Management**
☐ **Governance**

☐ **Human Resources and Workforce**
☐ **Research and Evaluation**
☐ **Cultural Community Knowledge**
☐ **Your commitment to the organisation and its future**

This form must be received at Wuchopperen Health Service Limited before 5:00pm on Wednesday 18th November 2020 and can be submitted in person, by email or fax.