



# VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LTD.

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**TO ALL VAHS MEMBERS:**

## **Nomination Form for VAHS Director, 2017**

We, being active members of The Victorian Aboriginal Health Service Co-operative Limited:

### **FIRST NOMINATOR**

PRINT FIRST NAME: .....

PRINT OTHER NAMES.....

PRINT FAMILY NAME: .....

### **SECOND NOMINATOR:**

PRINT FIRST NAME: .....

PRINT OTHER NAMES.....

PRINT FAMILY NAME: .....

Nominate the following active member as a candidate for election of Directors to be held at the Annual General Meeting of The Victorian Aboriginal Health Service Co-operative Limited (VAHS) scheduled for Sunday, 17<sup>th</sup> December 2017.

### **CANDIDATE'S DETAILS**

PRINT FIRST NAME: .....

PRINT OTHER NAMES.....

PRINT FAMILY NAME: .....

CANDIDATE'S DATE OF BIRTH: .....

QUALIFICATIONS OF THE CANDIDATE:

EXPERIENCE OF THE CANDIDATE (relevant to a Directorship of VAHS):

PREVIOUS SERVICE IN VAHS OR ANY OTHER CO-OPERATIVE

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**To be signed by the candidate**

I accept this nomination and in doing so:

- (a) I confirm that I have read the duties and responsibilities of Directors of VAHS mailed to all VAHS active members;
- (b) I confirm that I have/or will apply for a "Working with Children Check" for which VAHS mailed information to all VAHS active members;
- (c) I confirm that I have completed a "Police Record Check" consent form VAHS mailed to all VAHS active members.

Signature of Candidate:..... Date:...../November/2017