



Palliative Care Australia Inc.

PCA Board nomination form

- Completed nomination forms must be **received by 5.00pm Tuesday 15 November 2016**.
- Nominees must be financial members of a PCA member organisation
- Nominators must be financial members of a PCA member organisation
- Completed forms are to be sent to Liz Callaghan, Chief Executive Officer, via liz@palliativecare.org.au
- Please email Liz or call 02 6232 0700 if you have any questions.

Nominee

Name: _____

Address: _____

State: _____ Postcode: _____

Phone: _____ Email: _____

Current employer and position: _____

Financial member of PCA member organisation:

First Nominator

Name: _____

Address: _____

State: _____ Postcode: _____

Phone: _____

Email: _____

PCA Member Org: _____

Financial member:

Signed: _____

Date: _____

Second Nominator

Name: _____

Address: _____

State: _____ Postcode: _____

Phone: _____

Email: _____

PCA Member Org: _____

Financial member:

Signed: _____

Date: _____

Consent of nominee

In signing this consent form, I am declaring I have not been convicted of offences in the promotion, formation or management of a body corporate; have not been convicted of offences involving fraud or dishonesty punishable by imprisonment of three months or more; and am not insolvent under administration within the meaning of the Corporations Act.

Name: _____ Signed: _____

Date: _____

Endorsement by Member Organisation

This candidate and nominees are confirmed to be financial members of _____ (PCAMO). The candidate has the endorsement of this Member Organisation, of which I am the Authorised Representative.

Name: _____ Signed: _____

Date: _____

*** Please attach photo and half page statement including experience**