

SCHEDULE 2

Form for nomination to the Mount Gambier and Districts Health Advisory Council Inc – Resident Member

To: The Returning Officer of the *(insert full name of Health Advisory Council)*

I *(insert full name)*
of *(insert address)*
hereby nominate to be considered for appointment under clause 21 of the Constitution of the **Mount Gambier and Districts Health Advisory Council Inc** *(insert full name of advisory council)* and confirm that I am a resident of the Community.

.....
Signature of nominee:

A copy of my current curriculum vitae is attached.

Supported by:

Name:
Resident of the Community

Address:
.....
.....

Signature:

Date:

Name:
Resident of the Community

Address:
.....
.....

Signature:

Date: