

**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:**

Board application form

Resume including two referee

Statement piece

GWH Conflict of Interest Form

Confirmation of current GWH Association Membership

Confirmation of a current Police Check (or willingness to obtain)

Confirmation of COVID-19 Vaccination

Confirmation of Working with Children check (or willingness to obtain)

Director ID number (if available)