

Primary Care Connect

BOARD OF DIRECTORS

NOMINATION KIT

Form 1: Nomination of Member for Position of Director

To be completed by authorised person (member) of Primary Care Connect (PCC)

Form 2: Nominee's Consent & Declaration

(To be completed by nominee)

Form 3: Biographical Details – Nominee for Director

(To be completed by nominee)

Please send completed form to:

**Jill Hutchison
Chief Executive Officer,
Primary Care Connect
P O Box 1167
Shepparton 3630**



PRIMARY CARE
CONNECT

Community Health Services Hume Region

To be received no later than 5.00 pm, 12th September 2011

FORM 1

NOMINATION OF MEMBER FOR POSITION OF DIRECTOR

In accordance with *Clause 37.1 of the Constitution "Not later than 42 days prior to the Annual General Meeting, the Chief Executive Officer must send a nomination form for election as a Community Representative Director to each Member, including details of any Casual Vacancy to be filled"*.

The Annual General Meeting of Members will be scheduled in October 2011. Nominations for the Board of Directors of the company are now called from Members.

Nominations close and must be received by the Chief Executive of the company no later than 5.00pm, 12th September 2011

Name of Nominee _____

Residential Address of Nominee Post Code

Home Telephone No Mobile Telephone No

Email Address

is hereby nominated for election to the position of Director.

Signature of Nominee

Date

Such nominee being a Member of Primary Care Connect.

FORM 2

NOMINEE'S CONSENT AND DECLARATION

CONSENT: Section 201D of the *Corporations Act 2001* requires that all persons nominated for a position as Director must provide their signed consent to act as a Director of the company before being appointed.

DECLARATION: The *Corporations Act 2001*(section 201B) states that to be a Director, individuals must satisfy the following requirements:

- i. Only an individual who is at least 18 may be appointed as a Director of a company.
- ii. A person who is disqualified from managing corporations under Part 2D.6 may only be appointed as Director of a company if the appointment is made with permission granted by ASIC under section 206F or leave granted by the Court under section 206G.

To assist Primary Care Connect to comply with the requirements of the *Corporations Act 2001*, nominees must declare the following:

I declare that:

I have never been, nor am I currently insolvent and I have not been disqualified from acting as a Director or acting in the management of a company. I grant permission for inquiries to be made to establish the accuracy of any of the information provided by me in this form and accompanying attachments and to determine my suitability for nomination and I understand that these inquiries will involve the disclosure of my information for these limited purposes.

By signing this declaration, I acknowledge that I grant permission for the conduct of a Criminal Check (police check) and probity checks, which may consist of: a check of the Australian Securities and Investment Commission (ASIC) Register of persons prohibited/disqualified by ASIC under the provisions of the *Corporations Act 2001* a check of the Insolvency and Trustee Service Australia (ITSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1996*.

NOMINEE'S CONSENT AND DECLARATION

I, _____
(please Print Nominee's Name)

consent to my nomination for the position of Director of Primary Care Connect and declare that I meet the requirements of the *Corporations Act 2001* to accept the position if duly elected.

Signature of Nominee

Date

Please send completed form to:

**Chief Executive Officer,
Primary Care Connect
P O Box 1167
Shepparton 3630**

To be received no later than 5.00 pm, 12th September 2011

FORM 3

BIOGRAPHICAL DETAILS – NOMINEE FOR DIRECTOR

The submission of this form with the "*Nomination of Member for position as Director*" and "*Nominee's Consent and Declaration*" forms will assist Primary Care Connect in the preparation of a list of candidates.

1. Full Name of Nominee

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2. Qualifications / Experience

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3. Current Status

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4. Areas of Expertise

- | | | |
|--|---|---|
| <input type="checkbox"/> Knowledge / commitment to the community | <input type="checkbox"/> Corporate Management | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Health issues/ planning | <input type="checkbox"/> Capital Management | <input type="checkbox"/> Disability sector |
| <input type="checkbox"/> Business skills | <input type="checkbox"/> Law | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Clinical governance | <input type="checkbox"/> Human Resources | <input type="checkbox"/> User's perspective |
| <input type="checkbox"/> Other (please specify): | | |

5. Community Activities and Interests

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6. Date of Birth

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7. Place of Birth

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