

CHA Board of Directors Director Nomination Form 2025

As an Ordinary member of CHA, the following health service wishes to make a nomination for the CHA Board of Directors:

Name of Member Hospital/Health Service	
Name of Hospital CEO or Representative making the Nomination:	
Nominator's Email address:	
Nominator's Phone number:	
I wish to nominate the following person:	
Name of Nominee:	
Nominee's Email address:	
Nominee's Phone number:	
Being nominated for: (Please indicate the relevant category)	<ul style="list-style-type: none"> <input type="radio"/> Director position with knowledge & experience of large children's healthcare services <input type="radio"/> Director position with knowledge & experience of small or medium children's healthcare services
Signature of Nominator:	
Date of nomination:	



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Brief biography of the nominee:

Please provide up to 200 words outlining the nominee's professional and career experience relevant to children's health, and how they could contribute to the leadership of CHA. These words will be published to members to inform their voting decision at the AGM.

Nominee consent:

I hereby accept nomination for election to the Board of Children's Healthcare Australasia

Signature of Nominee:

Date:

Please provide a digital copy of this signed nomination form by **COB Friday 10 October** to:

Dr Barb Vernon
Company Secretary
Children's Healthcare Australasia
E: barb.vernon@wcha.asn.au
T: +61 2 6185 0325