**Capital Health Network Ltd**

**Consent to act as a Director**

I, the undermentioned person, consent to act as a director of Capital Health Network and declare that:

* I am not disqualified from managing a corporation, within the meaning of the *Corporations Act 2001* (Commonwealth) and
* I have not been disqualified by the Australian Charities and Not-for-profits Commissioner at any time during the previous year from being a responsible person (what the Australian Charities and Not-for-profit Act calls a ‘responsible entity’) of a registered charity.

While I am a responsible person for Capital Health Network, I agree to notify this charity as soon as possible if I do become disqualified from managing a corporation within the meaning of the *Corporations Act 2001* or I am disqualified by the Australian Charities and Not-for-profits Commissioner. Responsible persons are the members of a charity’s governing body who share responsibility for the governance of the charity (called ‘responsible entities’ under the Australian Charities and Not-for-profit Act Act).

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| --- | --- |
| **Full name:** |  |
| **Former/Maiden names:** |  |
| **Director ID:** |  |
| **Residential address:** |  |
| **Date of birth:** |  |
| **Place of birth:** |  |
| **Signature\*:** |  |
| **Date:** |  |

***(\*this form must be signed to be valid)***