**Capital Health Network Ltd**

**Election of Directors 2025**

**Nomination Form**

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| Tick the Director Position being nominated for | E2 € | E4 € |

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| **Candidate’s name:** | Please write your name in BLOCK LETTERS as you wish it to appear on the ballot paper | | |
| **Salutation:** | Please indicate preferred salutation, e.g. Mr, Mrs, Miss, Ms, Dr, other | | |
| **Director ID** | Director ID is required under CAN and ASIC rules. Director ID is required for the nomination to be eligible. DIN can be obtained here <https://www.abrs.gov.au/director-identification-number> | | |
| **Residential address:** |  | | |
| **Postal address:**  **(if different from above):** |  | | |
| **Email:** | This is a mandatory field - Capital Health Network will communicate with candidates via email | | |
| **Best phone number**: |  | | |
| **Signature\*:** |  | | |
| **Date:** |  | | |
| **Candidates must submit a completed and signed Nomination form accompanied by the following required and completed documents:** | | | |
| 1. **Statement addressing position requirements provided (500-word maximum)** | |  | YES |
| 1. **Current CV provided (5-page maximum)** | |  | YES |
| 1. **Candidate Statement (250-word maximum)** | |  | YES |
| 1. **Consent to Act as a Director** | |  | YES |
| 1. **If nominating for Director position E2, also attach supporting evidence of the necessary qualifications, registrations and/or competencies as** an allied health professional, nurse or midwife. | |  | YES |

NOTE:

1. Nominations open at issue of the Election Notice Vacancy and must reach the Returning Officer at the office, email address or postal address of the Returning Officer shown below, **not later than 5:00pm on Thursday 21 August 2025**. As a candidate you will be sent an acknowledgment.
2. It is a candidate’s responsibility to ensure that the nomination is complete and received by the Returning Officer **before** nominations close at one of the following addresses for lodgement (this form must be signed to be valid):

|  |  |
| --- | --- |
| **ADDRESSES FOR LODGING BALLOTS** | |
| **By post to:** | Mr Artur Durbanov  Company Secretary and Returning Officer  Capital Health Network  Suite 2.02, Level 2, 40 Cameron Avenue, Belconnen ACT 2617 |
| **By hand to:** | Reception  Capital Health Network,  Suite 2.02, Level 2, 40 Cameron Avenue, Belconnen ACT 2617 |
| **By email to:** | [secretary@chnact.org.au](mailto:secretary@chnact.org.au)  *(Note: emails greater than 6 MB may be rejected by the Capital Health Network firewall)* |
| **Phone Enquiries** | 02 6287 8009 |