## **Board of Directors Nomination Form**



In order to nominate for a Mental Health Coordinating Council Director position, please complete and return the following information:

- 1. The Nomination form
- 2. Candidate's Statement, including the non-disqualification declaration

Proposer and Nominees must be Member Representatives of an organisation with financial membership for 2023-24.

## **NOMINATION FORM**

Place of Birth (town/city/state/country)

(ASIC requirement)

<b>Proposer Information</b>	
Name of Proposer	
Name of Member Organisation	
Signature of Proposer	
Contact Details Phone	Email
Nominee Information Name of Nominee	(person being nominated)
Name of Member Organisation	
Signature/Consent of Nominee I am willing to take on this role General Meeting	I am elected to the Board of MHCC to be announced at the 2023 Annual
Contact Details Phone	Email
Date of Birth (ASIC requirement)	

Former Name if changed by deed poll or marriage (ASIC requirement)	
Positions presently held in other organisations	
Areas of expertise as relates to MHCC	
Previous contributions to MHCC	
CANDIDATE'S STATEMENT	
How can you contribute to the strategic direction of MHCC? (no more than 300 words)	
1. Why is the work of MHCC important?	
<ul><li>2. Why do you want to become involved in MHCC?</li><li>3. In what ways can you contribute to the MHCC Board achieving its strategic goals?</li></ul>	
[Complete statement here]	
Non Disqualification Declarations	
Non-Disqualification Declaration:	
I,declare that:	
•I am not disqualified from managing a corporation, within the meaning of the Corporations Act 200	)1
<ul> <li>(Cth) and;</li> <li>I have not been disqualified by the Australian Charities and Not-for-profits Commissioner at any tim during the previous year from being a responsible person (what the ACNC Act calls a 'responsible entity') of a registered charity.</li> </ul>	ıe
Signed:	

Please provide all requested information by Friday 13 October 2023 (5.00 pm) to:

• Email: returningofficer@mhcc.org.au