Women's Hospitals Australasia ABN: 50 065 080 239



# **ANNUAL GENERAL MEETING 2024**

### **WOMEN'S HEALTHCARE AUSTRALASIA**

#### **Nomination of Director**

To nominate a candidate for a vacancy on the WHA Board of Directors, please complete the following form and return it to WHA's CEO, Dr Barbara Vernon <a href="mailto:barb.vernon@wcha.asn.au">barb.vernon@wcha.asn.au</a> by **COB Friday 11 November 2024** 

Please note interested staff from member hospitals may self-nominate.

	e following Hospital or Health Service wishes to
make a nomination for the WHA Bo Name of Member Hospital or	ard of Directors:
Health Service	
Name of Hospital CEO or WHA	
Representative making the	
Nomination:	
Nominator's Email address:	
Nominator's Phone number:	
Signature of person making the Nomination	
Date of nomination:	
Name of Nominee:	
Nominee's Email address:	
Nominee's Phone number:	
experience relevant to women's hea	ining the nominee's professional and career alth and or governance. This information will be arm to make an informed decision about voting for minees than places available.

### WHA Nomination of Director 2024

I	consent to being nominated for a position
as a Director of Women's Healthc	are Australasia. I understand that elections for these
positions are to be held in person	at Encore St Kilda Beach, Melbourne, VIC or via zoom
at the Annual General Meeting of	WHA on 18 November 2024. I am ready, willing and
able to serve as a Director of WHA	A for up to 4 years should I be elected at the AGM.
Signature of Nominee:	
Date:	

Thank you for your interest in the WHA Board.

Please return by Friday 11 November 2024 to:

# Women's Healthcare Australasia

Mail: PO Box 194

Mitchell ACT 2911 Australia

Email: <u>barb.vernon@wcha.asn.au</u>