



ICN 7355

CANDIDATE INFORMATION

NOMINEE DETAILS:

Full Name: _____

Date of Birth: _____

Current Address: _____

Phone Number: _____

Email Address: _____

I hereby apply to become a Member Director/Independent Non-Member Specialist Director (strike out what is not applicable) of Pika Wiya Health Service Aboriginal Corporation ICN 7355 (Corporation).

MY BACKGROUND IS:

**THE SKILLS AND EXPERIENCE I WOULD BRING TO THE ROLE OF DIRECTOR
ARE:**

MY VISION FOR THE CORPORATION IS:

CANDIDATE

SIGNATURE: _____ DATE: _____

Please Return this form along with any attachments to:

Ms Stephanie Wall by close of business on Friday 8 July on email: stephanie.wall@pikawiyahhealth.org.au