



ICN 7355

CANDIDATE STATEMENT
(Annexure B to the Rule Book)

NOMINEE DETAILS:

Full Name:

Date of Birth:

Current Address:

Phone Number:

Email Address:

DECLARATION

On this _____ day of _____ 2021, I _____

hereby apply to become a Director of Pika Wiya Health Service Aboriginal Corporation ICN 7355.

I solemnly and sincerely declare that I am eligible to stand for the position of Member Director as:

1. I am at least 18 years old;
2. I am an Aboriginal person;
3. I am a Member of the Corporation; and
4. I am not disqualified from being a Director, or ineligible to be a Director under the Corporation's Rule Book.
5. I have had a national police clearance in the last 24 months, or else undertake to apply for one within 20 Business Days of being elected.
6. I have undertaken Board governance training in the last 24 months, or else undertake to complete such training within 180 days of being elected.

Signature of Applicant

MY BACKGROUND IS:

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

MY VISION FOR THE CORPORATION IS:

To be eligible for the election this form along with your completed Consent to be a Director form is to be placed in the Ballot Box held at the Reception Desk of the Pika Wiya Health Service Aboriginal Corporation offices at 40 Dartmouth Street, Port Augusta by 5.00 pm on Tuesday 26 October, 2021.