



Minister for Health

Nomination Form for Appointment to Statutory Boards (including Public Hospitals), Committees and Councils Responsible to the Minister for Health

Name of Board:

Surname:

Given Names:

Title: Mr/Mrs/Miss/Ms/Dr/Prof

Gender: Male/Female

Date of Birth:

Country of Birth:

Private Address:

Postcode:

Postal Address:

Postcode:

Telephone No: (Private)

(Business Hours)

(Fax)

Membership Category Sought:

Current Occupation and Employer:

Formal Qualifications:

Employment History:

Areas of Expertise: (Tick whichever is appropriate—you may tick more than one box)

- | | |
|---|--|
| <input type="checkbox"/> Business management, including the health industry | <input type="checkbox"/> Commerce or banking |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Human/capital resource management |
| <input type="checkbox"/> Information technology | <input type="checkbox"/> Law |
| <input type="checkbox"/> Public finance/economic | <input type="checkbox"/> Other |

Community Activities and Interests (Please indicate level of participation):

Other Relevant Information and Board Memberships:

Signature: Date:/...../.....

Please attach a curriculum vitae and any other relevant information.