



INSTITUTE FOR RESPIRATORY HEALTH BOARD MEMBER NOMINATION FORM

Please complete and return this nomination form to the Institute on or before 5pm Thursday 6 May 2021. All nominations must include the nominee's CV with a statement listing the benefits you will be bring to the Board.

Please send nomination forms to:

sarah.cermak@resphealth.uwa.edu.au or

Institute for Respiratory Health, QEII Medical Centre, Level 2, 6 Verdun Street, Nedlands WA 6009

I wish to nominate for the position of board member for the years 2021-2023 (two year term).

Nominee's Name: _____

Address: _____

Contact number: _____

Email: _____

Signature of nominee: _____ Date: _____

This nomination must be supported by two members of the Institute for Respiratory Health.

Name of nominator: _____

Signature: _____ Date: _____

Name of seconder: _____

Signature: _____ Date: _____

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