

**Nomination Form**

**Elected Director Positions 2020**

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| **TITLE:** |  |
| **FULL NAME:** |  |
| **POSTNOMINALS:** |  |
| **CURRENT ROLE:** |  |
| **QUALIFICATIONS:** |  |
| **EMAIL:** |  |
| **TELEPHONE:** |  |
| **SUMMARY OF DIRECTORSHIP EXPERIENCE:** | *Please outline your experience as a Director or Board member, including:** *Name of organisation*
* *Period: e.g. 2013-2016*
* *Position: e.g. Director, Chair, Committee member*
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| **STATEMENT**(max 250 words) | *Please include a short statement outlining why you wish to join the Board of Mental Health Victoria Ltd and how you meet the skills, experience and diversity priorities of the Board, as outlined in the MHV Ltd Board Nomination Notice.* |
| **DECLARATION** | **I confirm that if elected I consent to act as a Director and declare that I have not been disqualified from managing a corporation within the meaning of the *Corporations Act 2001* (Cth) nor have I been disqualified by the Australian Charities and Not-for-profits Commissioner.****Signature****Date**Please attach a brief CV and return to a.clelland@mhvic.org.au by no later than 17:00 on Friday 07 August 2020.Please use the following title in your email header: **Confidential – Board Nomination.** |