

WESTERN VICTORIA PRIMARY HEALTH NETWORK LIMITED  
ACN 061 300 918

## DIRECTOR NOMINATION PACK 2019

	FORM
FORM 1	<p><b>Nomination of Company Member for a position as Director</b></p> <p><b>There is ONE Elected Director vacancy at the 2019 AGM.</b></p> <p><b>To be eligible for a 2019 Director position, Nominees are required to have been a Company Member before 30 June 2019.</b></p> <p>Mandated by the following clauses in the Constitution:</p> <p>10.2.3 Elected Directors must be Members prior to the 30th of June in the year they nominate for election as an Elected Director and must continue to be a Member while they hold office as an Elected Director.</p> <p>10.2.4 A minimum of two of the four Elected Directors must be General Medical Practitioners.</p>
FORM 2	<p><b>Nominee's Consent &amp; Declaration</b></p> <p>(To be completed by nominee for Elected Director position)</p>
FORM 3	<p><b>Biographical Details – Nominee for Director</b></p> <p>(To be completed by nominee for Elected Director position, with content to be used within ballot material, should a ballot be necessary)</p>

### Eligibility

All Company Members of Western Victoria Primary Health Network (PHN) prior to 30 June 2019 that reside within the regional boundaries (see Appendix A) and are eligible to be a Company Director under the Corporations Act 2001, are entitled to nominate for a position as Director.

**The desirable skills and attributes of Directors on the Board are listed at Appendix B**

Please forward completed forms to:

Company Secretary, Western Victoria Primary Health Network  
131 Myers Street, Geelong VIC 3220

or via email to [companysecretary@westvicphn.com.au](mailto:companysecretary@westvicphn.com.au)

**To be received no later than 5pm, Monday 23 September, 2019**

## FORM 1

### Nomination of Member for a position as Director

#### NOMINATION

I, \_\_\_\_\_ of \_\_\_\_\_

being a current member of the Western Victoria Primary Health Network Limited (Western Victoria PHN) and therefore eligible to be part of the Western Victoria PHN Board, wish to nominate

myself (*please circle*) or

\_\_\_\_\_ who is also a current member of the organisation, to the position of Director, to be elected to the Western Victoria PHN Board for up to 3 year term.

Signed \_\_\_\_\_ Date: .....

#### SECONDER

I, \_\_\_\_\_ of \_\_\_\_\_

being a current member of the Western Victoria PHN Limited second the above nomination

Signed \_\_\_\_\_ Date: .....

#### ENDORSEMENT OF NOMINEE

*Not applicable with self-nomination*

I, \_\_\_\_\_ accept the nomination to the Western Victoria PHN Board as above. I am aware of the duties and responsibilities of a Director.

Signed \_\_\_\_\_ Date: .....

#### RETURN THE FORM

Company Secretary, Western Victoria Primary Health Network

131 Myers Street, Geelong VIC 3220

[companysecretary@westvicphn.com.au](mailto:companysecretary@westvicphn.com.au)

***Nominations must be signed and received by 5pm Monday 23 September 2019***

#### Further information is available from:

Ms Lynne McLennan – Board Chair: [hlynemclennan@gmail.com](mailto:hlynemclennan@gmail.com) or

Mr Jim Elvey - Deputy Chair: [elvey@aapt.net.au](mailto:elvey@aapt.net.au).

## FORM 2

### NOMINEE'S CONSENT AND DECLARATION

**CONSENT:** Section 201D of the *Corporations Act 2001* requires that all persons nominated for a position as Director must provide their signed consent to act as a Director of the company before being appointed.

**DECLARATION:** The *Corporations Act 2001*(section 201B) states that to be a Director, individuals must satisfy the following requirements:

- i. Only an individual who is at least 18 years of age may be appointed as a Director of a company.
- ii. A person who is disqualified from managing corporations under Part 2D.6 may only be appointed as Director of a company if the appointment is made with permission granted by ASIC under section 206F or leave granted by the Court under section 206G.

To assist Western Victoria PHN to comply with the requirements of the *Corporations Act 2001*, nominees must declare the following:

**I declare that:**

- i) I have never been, nor am I currently insolvent and
- ii) I have not been disqualified from acting as a Director or acting in the management of a company. I grant permission for inquiries to be made to establish the accuracy of any of the information provided by me in this form and accompanying attachments to determine my suitability for nomination and I understand that these inquiries will involve the disclosure of my information for these limited purposes.

**By signing this declaration,** I acknowledge that I grant permission for the conduct of probity checks, which may consist of:

- a check of the Australian Securities and Investment Commission (ASIC) Register of persons prohibited/disqualified by ASIC under the provisions of the Corporations Act 2001
- a check of the Insolvency and Trustee Service Australia (ITSA) National Personal Insolvency Index which contains information about proceedings and administrations under the Bankruptcy Act 1996.

#### NOMINEE'S CONSENT AND DECLARATION

I, \_\_\_\_\_(please Print Nominee's Name)

consent to my nomination for the position of Director of the Western Victoria Primary Health Network Limited and declare that I meet the requirements of the *Corporations Act 2001* to accept the position if duly elected.

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

**Please send completed form to:** **Company Secretary, Western Victoria Primary Health Network**  
**131 Myers Street, Geelong VIC 3220**  
[companysecretary@westvicphn.com.au](mailto:companysecretary@westvicphn.com.au)

**To be received no later than 5pm, Monday 23 September 2019**

## FORM 3

### BIOGRAPHICAL DETAILS – NOMINEE FOR DIRECTOR

The submission of this form with the "*Nomination of Member for a position as Director*" and "*Nominee's Consent and Declaration*" forms will assist Western Victoria PHN in the preparation of a list of candidates with supporting information for distribution to the Western Victoria PHN Members. In the event of an election being held for a vacant directorship, the information provided on this Form may be information to be disclosed to Members to assist voting members in their deliberations.

1. **Full Member Name of Nominee**

2. **Qualifications**

3. **Other Current Board/Committee Appointments** (held in last 5 years)

4. **Nomination Statement**

(Nominees may make a brief statement in support of their nomination. This statement is not to exceed 150 words and must only include statements in relation to the applicant).

5. **Photograph**

Nominees are requested to send an electronic photograph (headshot, passport/portrait style):



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**To be received no later than 5pm, Monday 23 September 2019**

## APPENDIX A

### Western Victoria Primary Health Network Boundaries



## APPENDIX B

### Current Board Skills Matrix

<b>Skills (for the collective Board)</b>
<b>Category 1 - High Priority Skills</b>
1. Contemporary corporate governance knowledge and experience as a Director of a significant organisation.
2. Demonstrated high level experience in financial management with significant financial and business acumen.
3. Experience and demonstrated understanding of risk analysis and monitoring at Board or senior level management.
<b>Category 2 - Desirable Skills</b>
4. Current or recent experience in health administration at Board or senior level management or business ownership.
5. Senior leadership experience in business, other than a health service, as an owner or CEO.
6. Experience and demonstrated success in population health policy, planning and/or research in the areas of high priority for the PHN.
7. Experience and demonstrated success in identifying, assessing and developing strategy to achieve organisational objectives in complex systems and fragmented environments.
8. Experience operating in commercial markets with demonstrated expertise in commissioning, tendering and business development.
9. Experience and demonstrated success in management of information technology and / or data governance.
10. Knowledge and experience in stakeholder engagement and in developing successful local networks and community partnerships.
<b>Category 3 – Other Attributes</b>
11. Experience and/or specific skills related to sub-regional primary health delivery.
12. Australian Institute of Company Directors (AICD) membership