

Nomination of Voting Proxy Form for the Consortium Management Group

Name of organisation: _____ Western Health _____

I, Kellie Vivekanantham _____ the designated voting member for Western Health _____


_____ hereby nominate (Proxy 1) Anita Haines _____

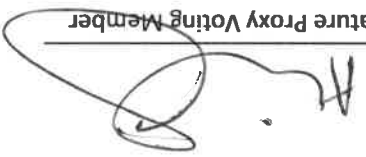
_____ (Proxy 2)

as proxy voting members of the Consortium Management Group for our organisation.

This proxy voting nomination stays in place from this day forward until further notice from a designated voting member of our organisation, or, if specified, this proxy voting nomination ends on (please specify date) / / .

Signed/dated:

Signature Designated Voting Member


Signature Proxy Voting Member


Signature Proxy Voting Member

Operations Manager
 Position Designated Voting Member

Team Leader
 Position of Proxy Voting Member

Position of Proxy Voting Member

Date: 20/7/2021

Date: 20/7/21

Date: / /

Please scan and return signed form to:

Michelle Warner
 North and West Metropolitan Region Palliative Care Consortium
 mwarner@mcm.org.au