



**Nomination of Voting Proxy Form for the Consortium Management Group**

Name of organisation: Northern Health

I Lisa Bethune the designated voting member for \_\_\_\_\_

\_\_\_\_\_ hereby nominate (Proxy 1) Julius Quiring or

(Proxy 2) MARITA REES

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]  
Signature Designated Voting Member  
NP Palliative Care

[Signature]  
Signature Proxy Voting Member

[Signature]  
Signature Proxy Voting Member

PALLIATIVE CARE CAC  
Position Designated Voting Member

NUM Palliative Care Unit  
Position of Proxy Voting Member

CNC Palliative Care  
Position of Proxy Voting Member

Date: 21 / 6 / 2021

Date: 18/06/21

Date: 21 / 6 / 2021

**Please scan and return signed form to:**

Michelle Warner  
North and West Metropolitan Region Palliative Care Consortium  
[mwarner@mcm.org.au](mailto:mwarner@mcm.org.au)