



Nomination of Voting Proxy Form for the Consortium Management Group

Name of organisation: Austin Health

I Helen Longton the designated voting member for Austin Health

hereby nominate (Proxy 1) Hilary Hodgson or

(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:

Helen Longton
Signature Designated Voting Member

Helen Longton
Divisional Manager

Cancer Services
Position Designated Voting Member

Hilary Hodgson
Signature Proxy Voting Member

HILARY HODGSON
NUM, 8 SOUTH
PALLIATIVE CARE

Position of Proxy Voting Member

Signature Proxy Voting Member

Position of Proxy Voting Member

Date: 3/6/21

Date: 9/6/21

Date: / /

Please scan and return signed form to:

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