



Nomination of Voting Proxy Form for the Consortium Management Group

Name of organisation: _____ Mercy Palliative
Care _____

I Deanne Layton _____ the designated voting member for Mercy
Palliative Care _____

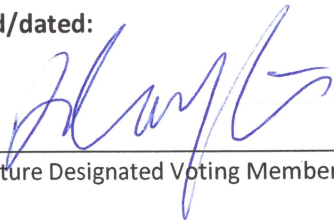
_____ hereby nominate (Proxy 1) _____ Val
Crane _____ or

(Proxy 2) _____ Claire
Kemp _____

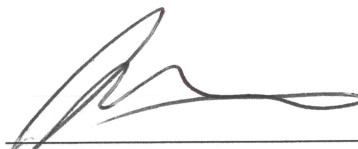
as proxy voting members of the Consortium Management Group for our organisation.

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

ACTING MANAGER CNC

Position Designated Voting Member Position of Proxy Voting Member

CNC

Position of Proxy Voting Member

MERCY PALLIATIVE
CARE
Date: 21/5/21

Date: 21/5/21

Date: 21/5/21

Please scan and return signed form to:

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