

**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 \_\_\_\_\_

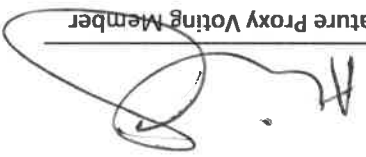
\_\_\_\_\_ (Proxy 2)

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  


Position Designated Voting Member Operations Manager  
Position of Proxy Voting Member Team Leader

Date: 20/7/2021

Date: 20/7/21

Date: / /

Signature Proxy Voting Member  
Position of Proxy Voting Member

Please scan and return signed form to:

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