



PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

ICN: 7355

CANDIDATE INFORMATION NOMINEE DETAILS

Full Name: **Date of Birth:**/...../.....

Address:

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Email Address: **Phone No:**

I hereby apply to become a Member Director of Pika Wiya Health Service Aboriginal Corporation.

My background is:

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The skills and experience I would bring to the role of Director are:

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My vision for the Corporation is:

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Candidate Signature: **Date:**/...../.....

Please Return this form along with any supporting documents to the Secretary, Pika Wiya Health Service Aboriginal Corporation (PWH SAC) at email: secretary@pikawiyahealth.org.au by close of business [Monday 9 October 2023](#)