



ICN:7355

**PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION
MEMBER DIRECTOR ELIGIBILITY STATEMENT**

As required under Clause 42.1.2 a statement confirming eligibility to be appointed as a Director with having regard to Clauses 38.2 and 39 of the Pika Wiya Health Service Aboriginal Corporation (PWHSAC) Rule Book

I, of
.....

Declare I am eligible to be a Member Director as I:

- am at least 18 years old;
- am a member of the Corporation;
- have consented in writing to be appointed as a Director of the Corporation;
- am able within three months of appointment to obtain a Police Record Check
- am not a person disqualified from managing a Corporation
- have not been found guilty of an offence within the past 10 years
- am not an Employee of the Corporation
- do not have a member of my immediate family who holds a position with the Corporation

Name of Director:
Signature:
Date:/...../.....

Name of Witness:
Signature:
Date:/...../.....