



PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

ICN: 7355

PO Box 2021
40-46 Dartmouth Street

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 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;
- have met all legal requirements to be a Director of the Corporation, including having applied for a Director Identification Number;
- have within three months of appointment, obtain a national Police Record Check and State Department of Human Services Working with Children/Vulnerable Person-related employment check (**screening checks**) disclosing:
 - a) any matter related to fraud or dishonesty offences;
 - b) any conviction for a criminal offence against children or vulnerable people;
 - c) or any other criminal offence that has a maximum term of imprisonment of 2 years or more (**each a relevant offence**) committed by that Member Director anywhere in Australia

Please turn over to page 2

Name of Director:

Signature:

Date: /...../.....

Name of Witness:

Signature:

Date: /...../.....

**Please Return this form along with any supporting documents to the Secretary, Pika
Wiya Health Service Aboriginal Corporation (PWSAC) at email:
Dianne.Stahl@pikawiyahealth.org.au by close of business **Monday 14 October 2024****