



**South Burnett Community Hospital
Foundation Limited**
PO Box 336 KINGAROY QLD 4610

Phone: Secretary (07) 4189 9100
Email: info@sbrc.qld.gov.au

ABN: 14 099 686 647

Nomination Form

Director of South Burnett Community Hospital Foundation Ltd.

CLOSING DATE THURSDAY 11 APRIL 2024 AT 11:59PM AEST

I, _____ hereby nominate for the position of Director of South Burnett Community Hospital Foundation Ltd, to hold office for a term as determined by the Board.

Nominee Name: _____

Residential Address: _____

State: _____ **Postcode:** _____

Telephone: _____

Email: _____

Director ID: _____

Nominee Statement:

I, _____ accept / agree to the nomination for the position of Director for the term as set out in South Burnett Community Hospital Foundation Limited Constitution.

- I have reviewed my obligations under the Constitution of South Burnett Community Hospital Foundation Ltd and acknowledge the responsibilities of a Director of South Burnett Community Hospital Foundation Ltd.
- I have provided a covering letter addressing the essential and desirable skills and a comprehensive CV detailing my suitability, qualifications and experience relevant to the role of Director.
- I have read and signed the ACNC Responsible Entity Declaration Form.
- All information included as part of this nomination is true and correct.

Signature: _____

Date: _____



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ANCN – Responsible Entity Declaration

Directors of South Burnett Community Hospital Foundation Ltd.

CLOSING DATE THURSDAY 11 APRIL 2024 AT 11:59PM AEST

I, _____

[PRINT NAME]

of _____

[ADDRESS]

declare that:

I am not disqualified from managing a corporation, within the meaning of the *Corporations Act 2001 (Cth)* and I have not been disqualified by the Australian Charities and Not-for-profits Commissioner at any time during the previous year from being a responsible person. Responsible persons are the members of a charity's governing body who share responsibility for the governance of the charity (called 'responsible entities' under the *Australian Charities and Not-for-profits Commission Act 2012 (Cth)* (ACNC Act).

While I am a responsible person for South Burnett Community Hospital Foundation Ltd, I agree to notify this charity as soon as possible if I do become disqualified from managing a corporation within the meaning of the *Corporation Act 2001* or am disqualified by the Australian Charities and Not-for-profits Commissioner.

Declared at: _____

On: _____

Signature: _____