

Hawke's Bay Health Consumer Council Nomination Form



Nomination

I/We would like to nominate

For appointment to the HB Health Consumer Council to reflect the consumer voice in the following area(s) of interest (please tick one or more)

- Women's health
- Child health
- Youth health
- Older persons health
- Chronic conditions
- Mental health
- Alcohol and other drugs
- Sensory and Physical disability
- Intellectual and Neurological disability
- Rural health
- Maori health
- Pacific health
- Primary health
- High deprivation populations

Nominated by:

Name _____ Signature _____

Any number of people may nominate a potential appointee.

For a brief description of attributes, skills and experience and acceptance of nomination, please complete the following:

