



Health Professional Councils Authority

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NOMINATION FOR COUNCIL MEMBERSHIP

Name:		
Address:		
Daytime Phone No:	Mobile No:	Email address:
Name of Council you wish to be nominated for:		
<input type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice <input type="checkbox"/> Chinese Medicine <input type="checkbox"/> Chiropractic <input type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Medical Radiation Practice <input type="checkbox"/> Nursing and Midwifery		<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
Qualifications/Expertise:		
Department of Premier & Cabinet statistical information:		
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Culturally diverse, specify ancestry..... <input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Person with a Disability	
Membership of other Government Boards/Committees:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:	

Please complete this form and email with your nomination to:
appointments@hpca.nsw.gov.au