

Instructions for returning your completed Nomination/Proxy Form/s

As this is the Network's first electronically held Annual General Meeting (AGM), and staff are working remotely, we ask that members return their completed forms **as early as possible** to ensure nothing is missed and everyone's nominations/votes are counted.

In accordance with the Constitution:

- completed nomination forms must be received no later than 3pm on Monday 16 November 2020 (close of business the day before the AGM); and
- completed Proxy Forms must be received before 11am on Tuesday 17 November 2020 (the start time of the AGM).

Please return your completed form/s, **as early as possible**, using one of the following methods:

Email to: agm@actmhcncn.org.au

Post to: ACTMHCN
Reply Paid 469
CIVIC SQUARE 2608

Deliver to: Mailbox 2.11 ACT Mental Health Consumer Network
Ground Floor Griffin Centre
(Mailboxes are located on the righthand side of the left corridor)



Nomination Form for Election to hold the position of DEPUTY CHAIR on the Network's Board (two-year position)

Please complete the form below and return the form to the Network no later than **3pm Monday 16 November 2020 NO EXCEPTIONS**. Only Network members, **both primary and associate**, are eligible to nominate. Only a primary member may second a nomination.

NB: Where a seat is contested, individuals nominating will each be granted **2 minutes** to address the attendees to put forth their case for election. Each candidate may only address the AGM once.

I, wish to nominate for the position
(Your Name)
of **DEPUTY CHAIR** on the ACT Mental Health Consumer Network Board 2020-22.

Under the *Associations Incorporation Act 2007* (ACT) it is an offence to accept a position on the Board if you:

- have been convicted of an offence in relation to the promotion, formation or management of a body corporate; or an offence involving fraud or dishonesty punishable by imprisonment for a period of 3+ months and the conviction or your release from prison was within the last 5 years; or
 - are bankrupt or personally insolvent
- Maximum penalty: 50 penalty units and/or 6 months imprisonment.**

NB: Please only nominate for a Board position if you can personally answer 'yes' to these two questions.

1. I have not been convicted of one of the abovementioned offences.
2. I am not bankrupt or personally insolvent.

Signature:
(Your Signature – if sent via email, your email will be considered your electronic signature)

I second the above nomination (the seconder must be a Primary Member of the Network):

Name:

Signed: (or a confirmation email from the seconder)



Nomination Form for Election to hold the position of TREASURER on the Network's Board (two-year position)

Please complete the form below and return the form to the Network no later than **3pm Monday 16 November 2020 NO EXCEPTIONS**. Only Network members, **both primary and associate**, are eligible to nominate. Only a primary member may second a nomination.

NB: Where a seat is contested, individuals nominating will each be granted **2 minutes** to address the attendees to put forth their case for election. Each candidate may only address the AGM once.

I, wish to nominate for the position
(Your Name)
of **TREASURER** on the ACT Mental Health Consumer Network Board 2020-22.

Under the *Associations Incorporation Act 2007 (ACT)* it is an offence to accept a position on the Board if you:

- have been convicted of an offence in relation to the promotion, formation or management of a body corporate; or an offence involving fraud or dishonesty punishable by imprisonment for a period of 3+ months and the conviction or your release from prison was within the last 5 years; or
 - are bankrupt or personally insolvent
- Maximum penalty: 50 penalty units and/or 6 months imprisonment.**

NB: Please only nominate for a Board position if you can personally answer 'yes' to these two questions.

1. I have not been convicted of one of the abovementioned offences.
2. I am not bankrupt or personally insolvent.

Signature:
(Your Signature – if sent via email, your email will be considered your electronic signature)

I second the above nomination (the seconder must be a Primary Member of the Network):

Name:

Signed: (or a confirmation email from the seconder)



Nomination Form for Election to hold the position of ORDINARY MEMBER on the Network's Board (one-year position)

Please complete the form below and return the form to the Network no later than **3pm Monday 16 November 2020 NO EXCEPTIONS**. Only Network members, **both primary and associate**, are eligible to nominate. Only a primary member may second a nomination.

NB: Where a seat is contested, individuals nominating will each be granted **2 minutes** to address the attendees to put forth their case for election. Each candidate may only address the AGM once.

I, wish to nominate for the position
(Your Name)
of **ORDINARY MEMBER** on the ACT Mental Health Consumer Network Board 2020-21.

Under the *Associations Incorporation Act 2007 (ACT)* it is an offence to accept a position on the Board if you:

- have been convicted of an offence in relation to the promotion, formation or management of a body corporate; or an offence involving fraud or dishonesty punishable by imprisonment for a period of 3+ months and the conviction or your release from prison was within the last 5 years; or
 - are bankrupt or personally insolvent
- Maximum penalty: 50 penalty units and/or 6 months imprisonment.**

NB: Please only nominate for a Board position if you can personally answer 'yes' to these two questions.

1. I have not been convicted of one of the abovementioned offences.
2. I am not bankrupt or personally insolvent.

Signature:
(Your Signature – if sent via email, your email will be considered your electronic signature)

I second the above nomination (the seconder must be a Primary Member of the Network):

Name:

Signed: (or a confirmation email from the seconder)



Appointment of Proxy Form 2020

Complete this form if you are a Primary Member who is unable to attend the AGM and would like another Primary Member to vote on your behalf in the Board elections.

I.....
(your full name)

of.....
(address)

being a primary member of the ACT Mental Health Consumer Network Inc.

hereby appoint.....
(full name)

of.....
(address)

being a primary member of the Network, as my proxy to vote on my behalf at the Annual General Meeting of the ACT Mental Health Consumer Network Inc. to be held on Tuesday 17 November 2020 and at any adjournment of that meeting.

.....
(signature of member appointing proxy - *if sent via email, your email will be considered your electronic signature*)

...../...../..... (date)

Note:

- A proxy vote may only be given to a person who is a primary member of the Network
- No member may hold more than two (2) proxies for a meeting
- If completed, this form must presented to the Executive Officer **before the time of the AGM** in accordance with the Constitution