

**WEST OTAGO COMMUNITY BOARD
NOMINATION FORM**

WEST OTAGO HEALTH TRUST

The Chief Executive
Clutha District Council
P O Box 25
BALCLUTHA 9240

We the undersigned residents of the West Otago Area hereby nominate:

Name _____

Address _____

Occupation _____

with his/her consent as a member on the West Otago Health Trust.

Signature of Nominee

Name, Address & Signature of two (2) nominators:

1. **Name** _____
Address _____

Signature _____

2. **Name** _____
Address _____

Signature _____

CANDIDATES MUST PROVIDE A PERSONAL PROFILE WITH THEIR NOMINATION
Nominations close 12 noon on Friday 14 June 2019

**JOB DESCRIPTION
WEST OTAGO HEALTH TRUST –
TRUSTEE POSITION**

- To maintain/look after the land & buildings owned by West Otago Health Trust (WOHT), well into the future on behalf of the West Otago Community
- Negotiate the terms and conditions of rental of the facilities owned by the Community
- Represent the Community. Act as the 'watchdog' to ensure that a high standard of Primary Health Care is available on a continuing basis.
- Keep the community informed of developments
- Management of community fund raising activities
- Attendance at regular bi-monthly meetings
- Ensure continuity/succession of Trustees and Directors for both WOHT and West Otago Health Limited