



**Executive Committee**

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Eng H. Ooi  
MBBS, PhD, FRACS

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BSc(Med),  
MBBS(Hons), FRACS

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FRACDS(OralMed),  
PhD, MBA, MAICD,  
FAIM

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BAppSc  
(Physiotherapy)

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MBBS, FRANZCR

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FRACS

Eric Khoo

Glen Ramos

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BDS, MBBS,  
MFDS(Eng),  
FRACDS(OMS)

**Chairperson of  
Australian Research  
Foundation**

Kerwin Shannon  
MBBS, FRACS

**Chairperson of New  
Zealand Research  
Foundation**

Swee Tan

**ANZHNCs NOMINATION FOR MEMBERSHIP OF EXECUTIVE COMMITTEE**

I, ....., would like to nominate for  
(Insert name)  
a position on the ANZHNCs Executive Committee. I understand that if successful,  
my term of appointment on the Executive Committee will commence immediately  
after the next Annual General Meeting.

Name: .....

Address: .....

Phone: ( ) ..... Email: .....

Institution: .....

Specialty: .....

Professional Qualifications: .....

Statement of Interest: I wish to apply for a position on the Executive Committee of  
the ANZHNCs .....

.....  
.....  
.....

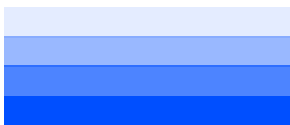
I am an Ordinary Member of the Society

Signature: ..... Date: .....

Nominated by: Signature .....

Seconded by: Signature.....

Please forward to: ANZHNCs Secretariat Officer  
PO Box 576  
Crows Nest NSW 1585  
Fax: (02) 9431 8677 / Email: [info@anzhnsc.org](mailto:info@anzhnsc.org)



## CONSENT TO ACT

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The Directors

**Australian and New Zealand Head & Neck Cancer Society Limited  
(ACN 617 606 587)  
("The Company")**

I, **[DIRECTOR NAME]**, consent to act as a Director of **Australian and New Zealand Head & Neck Cancer Society Limited (ACN 617 606 587)** until my office as Director is determined by tender of my written resignation to the Company.

My full particulars are:

**Salutation (Mr, Mrs, Ms, Dr etc):**

**First Name:**

**Middle Name:**

**Last Name:**

**Director Identification Number:**

**Any Former Names:**

**Full Residential Address (PO Box not accepted):**

**Date of Birth:**

**Place of Birth (city/state/country):**

**Country of Residence:**

**Country/ies of Citizenship:**

**Occupation:**

**Tax File Number:**

**Phone Number:**

**Email Address:**

**Aboriginal or Torres Strait Island Descent:**

**Language Spoken at Home:**

I request that my appointment as Director of the Company be confirmed, and appropriate notification given to the Australian Securities and Investment Commission/Relevant Regulatory Body.

I acknowledge my responsibilities and duties as a director of Australian and New Zealand Head & Neck Cancer Society Limited.

Dated:

Signature:

Name:

