CHA 2014 Mission Leaders Forum

‘Nurturing culture that counts – Catholic identity and the mission leader role’

Wednesday, 7 May, 2014

Catholic Leadership Centre
576 Victoria Parade (cnr Hoddle Street)
East Melbourne
9:30am – 3:45pm

Indicative Agenda

<table>
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<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>9:30am</td>
<td>Morning Tea on arrival</td>
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<tr>
<td>10:00am</td>
<td>Opening Reflection</td>
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<tr>
<td>10:15am</td>
<td>Exploring present challenges and concerns for mission leaders</td>
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<tr>
<td>10:45am</td>
<td>BREAK</td>
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| 11:15am | ‘Nurturing culture that counts – Catholic identity and the mission leader role’  
Guest Speaker:  
Ms Mary-Anne Gallagher  
Principal Consultant, Organisation Development  
Cabrini Health |
| 1:00pm | LUNCH BREAK – Networking |
| 2:00pm | CHA Update - new resources and initiatives |
| 2:30pm | CHA Pathways project – update and consultation with Mission Leaders |
| 3:15pm | Meeting review and summary  
Closing Reflection |
| 3:30pm | CLOSE |

Note accommodation is available at the Catholic Leadership Centre.  
Phone 03 9200 5200 or clc@ceomelb.catholic.edu.au
CHA Mission Leaders Forum
Registration Form
Wednesday, 7 May 2014

Catholic Leadership Centre
Corner of Victoria Parade and Hoddle Street, East Melbourne
9:30am – 3:45pm

Delegate Details
(please complete all sections clearly in capital letters)

Title: Sr Bp Arch Fr Br Dr Prof Ms Mrs Mr Other
Surname: ____________________________________________________________
Given Name: _______________________________________________________
Facility/Organisation: ______________________________________________
Position in Organisation: _____________________________________________
Business Address: _________________________________________________
State: ____________________________ Post Code: _________________________
Email: ____________________________ Phone: __________________________
Mobile: ____________________________

Special Requirements (dietary or otherwise)
_________________________________________________________________

Please note a cost recovery fee is payable - $50.00 - (crg)
$55.00 - (gst inclusive)

Method of Payment (Please indicate)
Please note this registration form is a tax invoice – ABN 30 351 500 103
Registrations will not be accepted unless accompanied by payment. One delegate per form.

☐ Electronic Funds Transfer
   Account Name: Catholic Health Australia
   Bank: National Australia Bank
   BSB No: 082 968
   Account Number: 50774 9125
   Description: Enter delegates surname and/or invoice number

☐ Credit Card
   □ Mastercard □ Visa

Cardholder’s Name (Please Print):
Card Number: ____________________________ Expiry: _______________
Signature: ____________________________ Total amount to authorise: $

Please provide an email address for a receipt: ____________________________

Please direct registration enquiries to: Deborah Reynolds P: 02 6203 2777 F: 02 6260 5486 E: deborahr@cha.org.au