

**CATSINaM**

CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

The Congress of Aboriginal and  
Torres Strait Islander Nurses and Midwives  
**Annual Report 2013-2014**



*Unity and Strength through Caring*



The Founding Members of the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) pictured at the first National Forum of Aboriginal and Torres Strait Islander nurses and midwives, August 1997.

These women and men were the 'trail-blazers' and had the vision and courage to challenge a system that had excluded them. They are our inspiration and role models.

## Vision

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*Aboriginal and Torres Strait Islander nurses and midwives play a pivotal and respected role in achieving health equality across the Australian health system for Aboriginal and Torres Strait Islander peoples and communities.*

## Mission

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*CATSiNaM honours a holistic and culturally safe approach to achieving optimal health and wellbeing for Aboriginal and Torres Strait Islander peoples and communities. We develop and promote strategies to ensure that this holistic and culturally safe approach is understood and applied by nurses and midwives working in Australia.*

# Contents

About CATSINaM .....	1
Governance.....	2
Organisation Chart.....	2
President's Report .....	3
Board Report .....	4
Board of Directors .....	5
Constitution and Governance .....	7
Chief Executive Officer's Report.....	8
CATSINaM Staff .....	9
Membership.....	10
Strategic Directions: Activity and Progress.....	11
Financial Statements.....	20
Appendix 1: Abbreviations and Acronyms .....	44
Appendix 2: National Representation Work .....	46

Warning: Aboriginal and Torres Strait Islander readers should be aware that this document contains images and names of people who have since passed away

# About CATSINaM

## History

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM, formerly CATSIN) began as an idea and question posed – ‘Why are there so few Aboriginal and Torres Strait Islander nurses?’

CATSINaM was founded in 1997 to formally represent Aboriginal and Torres Strait Islander nurses and midwives. A grant from the Office for Aboriginal and Torres Strait Islander Health (OATSIH) to the Australian Nursing Federation (ANF) provided for the first national meeting of Aboriginal and Torres Strait Islander nurses in August 1997. Held in Sydney, the three-day meeting developed a series of recommendations for strategies and initiatives to advance the recruitment of Aboriginal and Torres Strait Islander peoples into nursing.

In 1998, CATSIN was incorporated and until July 2012, led by its founding Executive Director, Dr Sally Goold OAM.

CATSINaM is the national peak body that represents, advocates and supports Aboriginal and Torres Strait Islander nurses and midwives at a national level. We believe that nurses and midwives are the backbone of the Australian health system and play a pivotal role in providing culturally safe health services to Aboriginal and Torres Strait Islander communities.

CATSINaM promotes, supports and advocates for Aboriginal and Torres Strait Islander nurses and midwives in many ways. For example, we:

- develop strategies to increase the number of practicing Aboriginal and Torres Strait Islander nurses and midwives
- develop strategies to support Aboriginal and Torres Strait Islander nurses and midwives throughout their nursing career to keep them in the profession
- encourage Aboriginal and Torres Strait Islander peoples to consider and select nursing and midwifery as a career
- work with governments and universities on workforce planning and ensuring Aboriginal and Torres Strait Islander peoples can become nurses and midwives
- ensure Aboriginal and Torres Strait Islander nursing and midwifery students have targeted support and assistance to give everyone the opportunity to realise their potential
- help universities and educational institutions that teach nursing and midwifery to understand the issues that impact on Aboriginal and Torres Strait Islander health
- ensure that all nurses and midwives learn about Aboriginal and Torres Strait Islander health, history and culture, including cultural safety, in all courses leading to enrolment, registration or endorsement as a nurse or midwife
- work with other health organisations to make sure our peoples stand alongside doctors, AHWs, pharmacists, physiotherapists and other allied health professionals to improve Aboriginal and Torres Strait Islander health outcomes
- explain and advocate against racism
- listen to our members’ aspirations and concerns and advocate on their behalf
- work with the Aboriginal and Torres Strait Islander Health Leadership to positively impact on Government policy and its effect on the health and wellbeing of Aboriginal and Torres Strait Islander People
- advance the health and economic stability of Aboriginal and Torres Strait Islander People through the recruitment and retention of our People into the Australian health workforce and education system.

# Governance

CATSINaM is a company limited by guarantee and operates within the Corporations Act 2001 (Commonwealth) as well as the CATSINaM Constitution being registered with the Australian Securities and Investments Commission (ASIC).

The review and amendment of the constitution in June was necessary as the constitution was based upon legislation that has been repealed. Hence, one of the main reasons that the CATSINaM Board conducted a review and amendment of the constitution is so that it complied with the new legislation, the Corporations Act 2001.

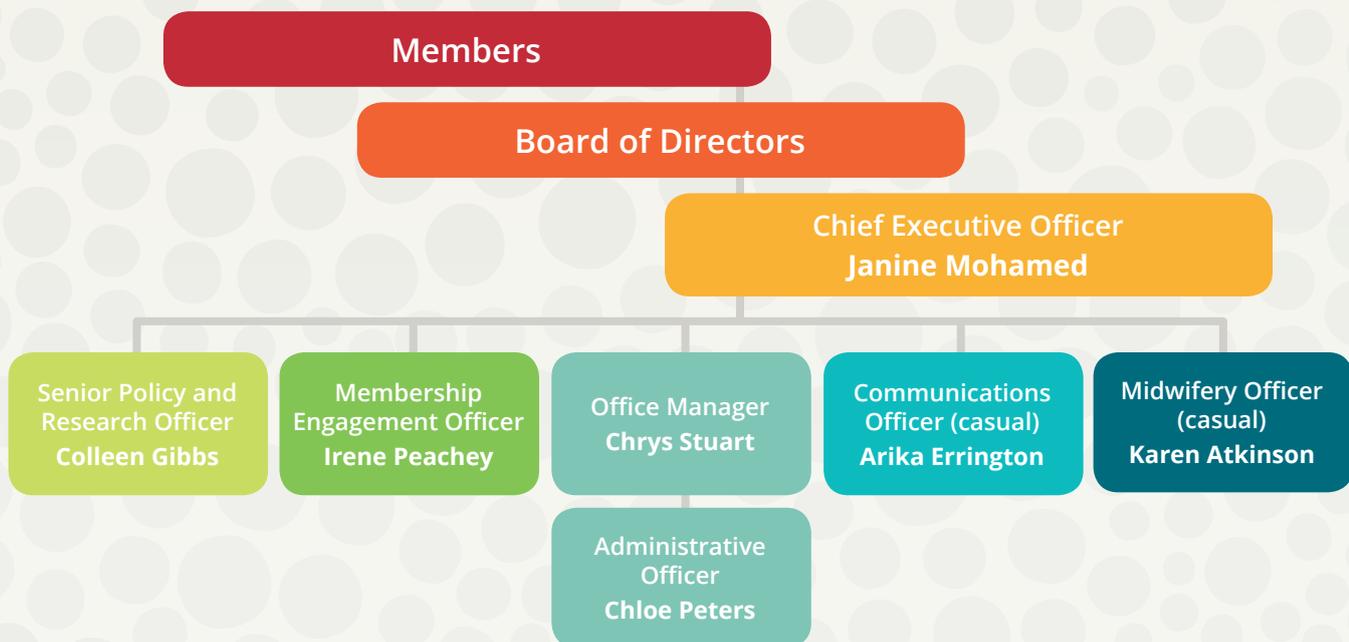
The new constitution, whilst lengthier in content, does not detract from the purposes of our old constitution. In fact, it seeks to expand the current rules in terms of detail and procedure. We are confident that the amendments will benefit CATSINaM and allow it to function more efficiently as an organisation.

CATSINaM has an eight-member Aboriginal and or Torres Strait Islander Board of Directors who represent each state and territory and must be currently registered as a nurse or midwife. They undertake a two-year tenure and have the option to be elected for a further two-year term to a maximum of four consecutive years.

CATSINaM's President is elected by the Board for a two-year term and may serve up to two terms. Given the changes and workload, the Board chose to elect a Vice-President to assist the Board and support the President. More recently, an Audit and Compliance Committee was established to assist the Board and CATSINaM with its financial responsibilities.

It is the responsibility of the Board to set the vision, mission and strategic direction of CATSINaM, and oversee the implementation of work through the Chief Executive Officer.

## Organisation Chart



# President's Report

Over this year, we further consolidated our commitment to the recruitment and retention of Aboriginal and Torres Strait Islander Peoples in both the nursing and midwifery professions. In line with Member requests, our name was changed from the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) to the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

Our major achievements included:

- Reviewing the Constitution to comply with new legislation under the Corporations Act 2001.
- Finalising the Board Handbook, orientation process and a number of organisational policies to reflect the changes in our governance structure.
- Restructuring the Secretariat and increasing staffing from two to seven.
- Relocating the Secretariat to Canberra, maximising opportunities to network with Aboriginal, Nursing, Midwifery and Federal Government bodies.
- Increasing total membership by 144% with Full Members expanding by 84% and Student Members by 122%.
- Conducting the 15th National CATSINaM Conference with 94 participants.
- Redesigning and expanding the website, adopting a fresh approach to social media, and introducing a quarterly newsletter whilst continuing Friday News.
- Establishing a Policy Development Framework to ensure CATSINaM speaks on behalf of Members and develops policy in a consistent manner.
- Developing a Strategic Communications and Implementation Plan based on feedback from the 2013 Member Survey and workshops with the Board.
- Raising awareness of CATSINaM through presentations and exhibitions at a number of forums.
- Supporting the leadership development of the CEO and Directors through proactive media engagement.
- Representing Members to the Federal Government regarding assistance to meet the English language standard and the impact of the budget on communities.
- Participating in national Project Advisory Groups, Working Groups and Expert Reference Groups with our national stakeholders.
- Providing cultural safety training to collaborators.
- Redesigning the mentoring program ready for re-launch together with a strategy for customising funding proposals for potential program partners and co-funders.
- Visiting state/territory health departments and universities to identify what was occurring more broadly in workforce development.

CATSINaM's two-year funding agreement, signed in July 2013 with the Commonwealth for Administration and Core Business, had a large focus on internal re-establishment, relationship



building and membership growth. I believe the Board and Secretariat have made an excellent start towards these aims and built a solid foundation upon which to advance the organisation in 2014-15.

CATSINaM is appreciative of the funding support provided by the Department of Health to this important sector of Aboriginal and Torres Strait Islander health. With greater recruitment of Aboriginal and Torres Strait Islander nurses and midwives, more significant inroads can be made to closing the gap in life expectancy.

**Shane Mohor**  
**President**

## Board Report

Three new members joined the Board at CATSINaM's 2013 AGM, Vicki Halliday (NSW), Shane Mohor (SA) and Dr Roianne West. Shane Mohor was appointed to the CATSINaM President position following the previous AGM in 2013. All new directors come with a wealth of nursing knowledge, as well as many years of involvement in Aboriginal and Torres Strait Islander health and workforce. Retiring Directors for this period were Ali Drummond and Donna Coulthard. The Board also farewelled Michael Griffiths.

Five Board meetings were held this year in the months of July and October 2013, and March, April and June 2014. All meetings were well attended. CATSINaM made a solid start during September-December 2013 with finance and board training for the Directors and the review of the CATSINaM Strategic Plan, followed by Board Governance and Media Training in 2014.

The Board Handbook, orientation processes and organisational policies that are pertinent to the work of the Board were finalised. An extensive review of the constitution was also undertaken, including adding Midwives to the organisation name before modernising the constitution later in the financial year.

# Board of Directors

## **Ted Murphy, Queensland**

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Ted is a Kabi-Kabi man from the coastal areas north of Brisbane. He has lived in the Northern Territory since 1997 when he commenced work in Kunberlianjnja as a Men's Health Nurse at the invitation of the Community Government Council. Ted has worked in the health field for many years as both a clinician and educator in areas such as Remote Health, Critical Care and Australian Medical Assistance Teams. His teaching appointments include the Northern Territory Department of Health (DoH), the Batchelor Institute of Indigenous Tertiary Education and Charles Darwin University. Ted is also a member of the Australian College of Nursing, the Council of Remote Area Nurses Australia and the World Association for Disaster and Emergency Medicine.

Previous governance roles include Deputy Chair of the Batchelor Institute of Indigenous Tertiary Education Council, the Charles Darwin University Vice Chancellor's Indigenous Advisory Group and the Northern Territory Clinical School Indigenous Reference Group. Ted is also an active member of the Humpty Doo Volunteer Fire Brigade.

## **Jane Jones, Western Australia**

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Jane is a Noongar woman. She was born in York, Western Australia, and grew up in Popanyinning. Jane studied nursing at Curtin University in Bentley as a mature age student, and is focused on looking beyond the morbidity and mortality statistics and towards understanding the scope of the social, emotional, physiological and health issues that confront her clients in the communities. She is currently working as Clinic Manager at Derbarl Yerrigan Health Service Inc. in Perth.

## **Anne Maree Maher, Australian Capital Territory**

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Anne Maree is a Wiradjuri woman. She was born in Orange, New South Wales, with family originating around Sofala and Dunn's Swamp. Anne Maree completed her nursing training at Cooma District Hospital, and her midwifery training at the Royal Hospital for Women in Sydney. She currently works at the Centenary Hospital for Women and Children in the Canberra Midwifery Program. Anne Maree has been a CATSINaM Board member for five years.

## **Debbie Miller, Tasmania**

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Debbie comes from a community in the north of Tasmania. She completed her nursing degree at the University of Tasmania in 1992 and has been nursing for 20 years. Debbie has also completed a preceptor course and aspires to do midwifery. She has worked at the Tasmanian Aboriginal Centre within her community, and also in aged care, dementia care, disability care and in an acute care medical ward. Debbie is passionate about Aboriginal health and is very proud to be involved with CATSINaM.



### Faye Clarke, Victoria

Faye is from Ballarat in Victoria. Her family originates from the Gunditjmara, Wotjaboluk and Ngarrindjeri peoples of Victoria and South Australia. She studied nursing at the Australian Catholic University in Ballarat and graduated as a Registered Nurse in 2004. Faye has also completed a Graduate Certificate in Tertiary Education at the University of Ballarat, and a Graduate Certificate in Diabetes Education at Deakin University (Institute of Koori Education). She currently works at the Ballarat and District Aboriginal Co-operative in the Baarlinjan Medical Clinic as the Care Coordinator for Closing the Gap, and as a Community Health Nurse specialising in chronic disease management for people with diabetes. Faye is currently working towards becoming a credentialed Diabetes Educator, and represents CATSINaM on the Australian Nursing and Midwifery Accreditation Council Board.

### Dr Roianne West, Queensland

Born and raised in Kalkadoon on her mother's country in north-west Queensland, Roianne has over 20 years' experience in Indigenous health. She is a university trained Registered Nurse with a Masters in Mental Health Nursing and a PhD that explored the factors that impact on Indigenous Australians' successful completions in higher education.

Roianne was the first in the country to be appointed to the position of Nursing Director for Indigenous Health and then to the Professor of Indigenous Health and Workforce Development in a joint position between a hospital and health service and Griffith University, School of Nursing and Midwifery. The position entails providing expert advice, high level strategic leadership, and community engagement on Indigenous health and Indigenous health research.



### **President - Shane Mohor, South Australia**

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Shane is a Ngarrindjeri man who has worked in Aboriginal health as a Registered Nurse and senior executive in government, universities and non-government organisations for over 25 years. He has a Bachelor of Nursing and is currently the Deputy CEO of the Aboriginal Health Council of SA Inc. (AHCSA) and President of CATSINaM.

Shane is committed to improving the health and wellbeing of Aboriginal peoples, including advancing their employment opportunities, particularly for Aboriginal Health Workers. He also holds a Ministerial appointment to the Ethics Health Advisory Council in SA Health, and sits on the newly established Torrens University of Adelaide (Laureate International Universities) Advisory Council.

### **Vicki Holliday, New South Wales**

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Vicki is a Kamilaroi woman. She is a Registered Nurse and has had extensive experience working in government and academic environments. Vicki is currently working as a lecturer in Indigenous Health at the University of Newcastle School of Medicine and Public Health where she lectures in the disciplines of medicine, nursing and midwifery, and health. Her role includes the development, implementation and evaluation of Miroma Bunbilla, development of an Indigenous Health Major in the Bachelor of Aboriginal Professional Practice, and supporting Aboriginal and Torres Strait Islander students across all health disciplines, including nursing.

Vicki has been a member of CATSIN (now CATSINaM) since 1998. She has been involved in numerous positive programs and initiatives, and is committed to advocating and managing change for Aboriginal and Torres Strait Islander peoples.

## Constitution and Governance

The CATSINaM Constitution was amended twice during the year, with changes endorsed at the July 2013 meeting to include Midwives in the organisation name and a Special AGM in June to make major modernisation changes and add additional membership categories.



# Chief Executive Officer's Report

As Chief Executive Officer since the beginning of this financial year, I am very satisfied with what has been achieved in just 12 months. Opportunities were created and CATSINaM made the most of every one.

There was no doubt that the first 12 months would require much hard work and development, however Members and Friends of CATSINaM gave freely of their time and a talented and committed Board of Directors made it all happen. Relationships were strengthened with our key stakeholders by the Board and staff, while changes were made to reinvigorate and promote CATSINaM.

Our work this year was defined by the new 2013-2018 Strategic Plan, which has four strategic directions: elevating our profile, strengthening our advocacy, supporting recruitment and retention of Aboriginal and Torres Strait Islander peoples into nursing and midwifery, and increasing our involvement in research and workforce development. In preparing ourselves to progress this work, the Board of Directors and CATSINaM Secretariat underwent several changes, including a restructure and relocation of offices in Canberra.

The move had a positive effect because almost all peak Aboriginal, nursing, and midwifery organisations, as well as the Federal Government are located in Canberra. This resulted in CATSINaM being able to network more readily with key stakeholders.

Most importantly, the Secretariat is much better resourced and the budget is healthy. The Secretariat was restructured following a Human Resources Review, which resulted in the recruitment of skilled personnel and expansion of the team from two to seven.

Engaging, growing and extending our membership have been priorities and an important development. This has been demonstrated through the high response to our 2013 Member Survey and attendance of Members at our nine state and territory forums between November 2013 and June 2014. The subsequent report from these meetings will be the basis for a large part of future work with Members.

CATSINaM also developed and endorsed several key policy directions that will be pivotal to achieving a vibrant Aboriginal and Torres Strait Islander Health Workforce and shaping the health system. Our published policy position statements currently include recruitment and retention, cultural safety and clinical placements.

The CATSINaM membership increased 144% this year. I encourage all members, old and new, to become more involved in any way you can.

We hope to continue the momentum into the next year, build on relationships with our partners and see more of our Members in person!

**Janine Mohamed**

Chief Executive Officer



# CATSINaM Staff

Four new CATSINaM staff members were recruited in the second half of the financial year. They came with a wealth of knowledge and enthusiasm to ensure that CATSINaM is relevant to its Members and makes a difference to the recruitment and retention of Aboriginal and Torres Strait Islander Nurses and Midwives. CATSINaM's long-standing employees, Chrys Stuart and Karen Atkinson, remained whilst Robyn Coulthard retired in the beginning of the financial year after many years of dedication and service.



Janine Mohamed  
**Chief Executive  
Officer**



Chrystine Stuart  
**Office Manager**



Colleen Gibbs  
**Policy and  
Research Officer**



Irene Peachey  
**Membership  
Engagement  
Officer**



Chloe Peters  
**Administration  
Officer**



Arika Errington  
**Communications  
Officer (casual)**



Karen Atkinson  
**Midwifery Project  
Officer (casual)**

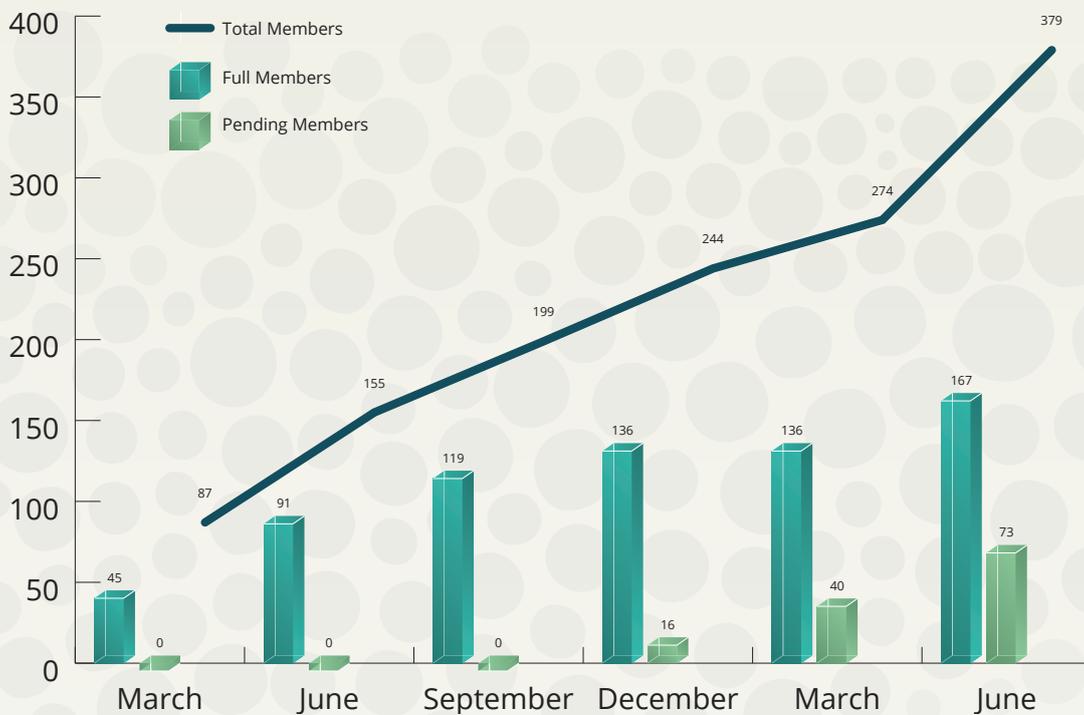
# Membership

CATSINaM made substantial progress with increasing its total Membership over 2013-2014. It grew from 155 in June 2013 to 379, an increase of 144%, which is inclusive of all membership categories.

There was substantial growth for both Full Members who expanded from 91 to 167 (84% increase), and Student Members who rose from 58 to 129 (122% increase). This is consistent with the membership recruitment drive that focused on recruiting to the Full and Student Membership categories as the priority target group. Associate Members also increased from four to eight, i.e. retired Aboriginal and/or Torres Strait Islander nurse or midwife.

## CATSINaM National Membership: January 2013 - June 2014

*(based on quarterly membership statistics)*



## CATSINaM Members by State



# Strategic Directions: Activity and Progress

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## Strategic Direction 1: Profile of CATSINaM as a national peak body

Elevate the profile of CATSINaM as the national peak body representing Aboriginal and Torres Strait Islander nursing and midwifery.

CATSINaM is focusing efforts on three objectives through seven strategies:

**Objective 1.1:** To improve the recruitment and retention of our Members.

**Objective 1.2:** To increase our Member communication, support and engagement.

**Objective 1.3:** To increase external stakeholder awareness of CATSINaM as the national peak body for the Aboriginal and Torres Strait Islander nurses and midwives.

## Main Activities and Key Achievements for 2013-2014

### Membership Recruitment and Retention Strategy

Membership recruitment and retention was a very high priority area for 2013-2014. CATSINaM formally commenced the Membership Recruitment and Retention Strategy in November 2013 and it continued through to June 2014. Member forums were held in Nhulunbuy, Darwin, Adelaide, Melbourne, Sydney, Brisbane, Cairns, Townsville and Canberra. Forums in Hobart and Launceston will be held during 2014-2015. Teleconference options were also offered during February-March. The forums focused on:

- providing an overview of the re-badged and relaunched CATSINaM
- introducing the new Strategic Plan
- gaining member input on support needs, member benefits and professional development priorities.

The Member input extends and complements the outcomes from the 2013 Member Survey and 2013 Annual Conference Yarning Circles. A report with recommendations that integrates forum outcomes with the Member Survey and Yarning Circle outcomes will inform CATSINaM's work for the next three-five years. The report is due for completion by August 2014.

### Annual Conference and AGM

The highlight of the year was the 15th National CATSINaM Conference held in Canberra from 6-8 October 2013. There were many new and familiar faces, and everyone participated enthusiastically in the breakout sessions and two Yarning Circles: one focused on professional support, specifically member support, professional development and member benefits; and the second focused on policy position and research topic priorities. Due to the success of the Yarning Circles, this activity is likely to be incorporated in future conferences. High profile speakers included Roianne West, Pat Anderson, Donna Ah Chee, and Dr Tom Calma, among many other excellent plenary speakers.

Overall, 94 people participated in the conference, with 12 being student nurses and midwives for which CATSINaM provided nine bursaries.

During the conference dinner, keynote guest Dr Rosemary Bryant, presented the Inaugural Sally Goold Award for individual nursing and/or midwifery excellence to Noela Baigrie and Roianne West, along with the Inaugural CATSINaM Partnership Award for organisations recognising culturally respectful, committed, and successful partnerships to the Lyell McEwan Hospital in Adelaide.



## Website

As part of the work involved in rebranding CATSINaM and enhancing communication mechanisms, the website was redesigned and expanded. The new website was launched in June 2014 and we are continuing to populate it as updated material comes to hand.

## Social Media

A fresh approach to social media was adopted in 2013-2014. The CATSINaM Facebook page was refreshed in August 2013 and regular posts have been made since this time. There are currently 2,148 likes with most occurring since the refresh and incorporation of CATSINaM's new corporate image. Since October 2013, CATSINaM also became increasingly active in Twitter, relaunching the existence of its account at the October 2013 Annual Conference. The number of tweets recorded to date is 216 tweets and followers are growing.

## Newsletter

CATSINaM continued to produce Friday News throughout the year and produced the first quarterly newsletter in March 2014.

## Consultation with Members

Members were consulted through three primary mechanisms, each resulting in a formal report:

- 2013 Member Survey, which was part of the Communication Strategy development process
- 2013 Annual Conference 'Yarning Circles' and subsequent report
- Membership Recruitment and Retention Strategy Member Forums - report due in August 2014

## Provide Assistance, Referral and Advocacy for Members

CATSINaM responded to Member queries and requests on a needs basis over the reporting period, and began collating a list of appropriate external sources based on types of query.

## CATSINaM Policy Development Framework

To ensure CATSINaM is speaking on behalf of its Members and developing policy in a consistent way that is inclusive of Members, a Policy Development Framework was developed. The framework was endorsed by the Board in early 2014 and has been utilised in preparing and finalising new policies.

CATSINaM has utilised its policies and framework to formally respond to the Twiggy Forest Review and the ANMAC Midwifery Standards, and also published articles in the Australian Nursing and Midwifery Nursing Federation Journal and the National Indigenous Times, distributed four media releases, and undertook a number of media engagements to ensure the aspirations of Members are heard.

## Communication Strategy

This year, the Board and CEO worked with a communications consultant to develop a Strategic Communications and Implementation Plan to assist with implementing the CATSINaM Strategic Plan and enhance existing communication mechanisms. This plan was based on feedback from the 2013 Member Survey and workshops with the Board.

The focus this year was on Member and external stakeholder awareness of CATSINaM as the national peak body. CATSINaM was publically represented and promoted at a number of forums, including exhibition booths and conference presentations, as well as direct approaches to meet with specific people or groups of people. (See Appendix 2: National representation work.)

A resource has been produced to assist with this work as well as a DVD of Members talking about the importance of CATSINaM and Aboriginal and Torres Strait Islander nurses and midwives. New pamphlets have also been developed to highlight the various pathways to becoming a nurse or midwife.

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## Strategic Direction 2: Advocacy on behalf of Aboriginal and Torres Strait Islander nurses and midwives

Strengthen our effectiveness in advocating on behalf of Aboriginal and Torres Strait Islander nurses and midwives.

CATSINaM is focusing efforts on two objectives through ten strategies:

**Objective 2.1:** To increase the capacity of CATSINaM Directors and Members to represent CATSINaM in our advocacy work.

**Objective 2.2:** To strengthen CATSINaM's existing partnerships and establish new partnerships that enable CATSINaM to advocate on:

- the importance, role and cultural safety of Aboriginal and Torres Strait Islander health

## Main Activities and Key Achievements for 2013-2014

### Develop and implement the CATSINaM Policy Development Framework

Drawing on the outcomes of consultation with Members at the 2013 Annual Conference, CATSINaM identified the three highest priorities for policy development: recruitment and retention, cultural safety and clinical placements. These policy position statements were completed by and endorsed in March 2014, and are available on the website. They are used regularly in advocacy work and to direct external stakeholders in responding to queries and invitations for CATSINaM's involvement. The next three priority areas have been identified and work has commenced on developing them - they are due for release in early 2015.

### Support the development of CATSINaM Directors, Staff and Members as leaders

Work in the media space usually involves both the CATSINaM CEO and Directors and supports their development as leaders. CATSINaM has engaged with the media on several occasions, including but not limited to:

- July 2013 - Department of Health 2013-2023 National Aboriginal and Torres Strait Islander Health Plan
- September 2013 - 2013 CATSINaM Annual Conference
- February 2014 - 'Keep focus to Close the Gap'
- April 2014 - Feature article in the National Indigenous Times on CATSINaM
- May 2014 - CATSINaM's response to the Federal Budget

### Relationships and partnerships with government, and other stakeholder and health professional organisations

While CATSINaM has taken up opportunities and responded to requests this year, it has been limited as the pre and post-election period meant that there were fewer opportunities to engage with Federal Ministers due to the caretaker period being extended into early 2014. However, a letter was written to Senator Fiona Nash regarding assistance for Aboriginal and Torres Strait Islander nursing and midwifery applicants to meet the English language standard, and CATSINaM met with the Prime Minister and many other Members of Parliament at the March 2014 Close the Gap Parliamentary function. Following the May 2014 Budget, two meetings were held with Minister Nash to discuss the impact on communities as well as the progress of the National Aboriginal Health Plan.

CATSINaM also took up opportunities and responded to requests to present at forums and conferences or participate in other organisations' Project Advisory/Working Groups (Appendix 2: National representation work). In addition, cultural safety training was provided for collaborators, particularly other national nursing and midwifery organisations in November 2013 with eight participants. Another opportunity has been organised and promoted for July 2014 with close to 20 registrations thus far. CATSINaM's increased profile with external stakeholders and collaborators, and current liaison with them on proposed initiatives, has led to the stronger take-up. Through this, CATSINaM has shared its position on what cultural respect and safety is, why it is such a critical component of our work, and how other organisations could reflect on and strengthen their capacity for cultural safety. This is also linked to CATSINaM's policy position statement on Cultural Safety.

CATSINaM, in collaboration with ANMAC, coordinated and convened a meeting with experts in December 2013 to begin drafting the explanatory note for the Registered Nurse Accreditation Standards pertaining to the inclusion of Aboriginal and Torres Strait Islander health, history and culture. While ANMAC has provided a copy of the draft, further work is required before release.

Separate to membership of similar committees or working groups, CATSINaM met with each Aboriginal health profession organisation's counterparts on several occasions to discuss shared business and priorities, skills and resources, and how we can support each other, particularly at the National Health Leadership Forum meetings (convened by the National Congress of Australia's First Peoples), the Close the Gap Campaign Committee and the Aboriginal and Torres Strait Islander Health Workforce Working Group meetings.

## Advocate for mandatory Aboriginal and Torres Strait Islander content on health, history, culture and cultural safety

CATSINaM has worked with ANMAC in two ways to date: first through development of an 'explanatory note' to accompany the Registered Nurse Accreditation Standards and second through joining the working group for the review of the Midwifery Accreditation Standards.

It is hoped that, over time, a consistent position can be achieved on this matter across all Accreditation Standards. CATSINaM also met with the acting chair of the Nursing and Midwifery Board of Australia (NMBA), to discuss our desire to embed cultural safety into nursing and midwifery training, in line with our Cultural Safety Policy Position Statement. In response, the NMBA are sending two representatives to the July 2014 cultural safety training workshop.

CATSINaM has also continued to advocate for a Leaders in Nursing and Midwifery Education Network (LINMEN) as a valuable mechanism for describing and assessing current educational approaches. This network will ensure Aboriginal and Torres Strait Islander content is included, guide how content is delivered, develop strategies for recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery, and identify existing good practice by nursing and midwifery education programs.

Formal submissions and letters to date that support CATSINaM's position on mandatory Aboriginal and Torres Strait Islander content on health, history, culture and cultural safety include the following:

- Australian Health Ministerial Advisory Council (AHMAC) re: National Code of Conduct for unregistered health care workers
- Australian Commission on Safety and Quality in Health Care re: Clinical Standards for Acute Coronary Syndrome and Antimicrobial Stewardship
- House of Representatives Standing Committee re: Indigenous Affairs Inquiry into harmful use of alcohol in Aboriginal and Torres Strait Islander communities
- National Midwifery Board of Australia re: cultural safety education and practice
- Health Workforce Australia (HWA) national consultation re: the Aboriginal and Torres Strait Islander Health Curriculum Framework - this was a verbal submission process and CATSINaM representatives attended both the Adelaide and Melbourne meetings.

CATSINaM was also a member of the HWA Aboriginal and Torres Strait Islander Health Curriculum Framework Project Advisory Group that commenced in mid-2013, and has participated in two of the national consultations (Adelaide and Melbourne).

## Strategic Direction 3: Recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery

Strengthen our effectiveness in supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery.

CATSINaM is focusing efforts on two objectives through four strategies:

**Objective 3.1:** To expand our influence in supporting the recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery.

**Objective 3.2:** To increase access to professional development and cultural safety support strategies for Aboriginal and Torres Strait Islander nurses and midwives as students and qualified professionals.

### Main Activities and Key Achievements for 2013-2014

#### Increase Aboriginal and Torres Strait Islander undergraduate and post-graduate students

While visiting different jurisdictions for the Membership Recruitment and Retention Strategy, meetings were scheduled with Deans and/or senior staff of universities as well as Chief Nursing and/or Midwifery Officers of state/territory health departments. Through this, CATSINaM is building a picture of their needs, priorities, strategies and activities regarding recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery studies, as well as clinical and graduate placements.

This round of meetings was completed in June 2013 and further meetings are being scheduled for 2014-2015. CATSINaM is currently identifying and prioritising relevant opportunities for providing advice and support in these areas during 2014-2015 as well as engaging in possible projects.

#### Mentoring Program Review

The Mentoring Program Review was undertaken during February-June 2014. The report on the review outcomes was accepted by the Board and made available to Members via the website.

CATSINaM have acted on the recommendations by redesigning the mentoring program, and developing a funding proposal template that will be used to customise proposals for potential program partners and co-funders. The program partners and co-funders are likely to be state and territory health departments and educational institutions; many, but not all, of whom CATSINaM met with during the stakeholder engagement strategy.

Progressing the recommendations includes targeted liaison with potential program partners and co-funders to discuss their participation in the new CATSINaM Mentoring Program for their graduate or student nurses and/or midwives, and negotiation of an agreed approach to funding the program as the basis for a formal partnership agreement. With both tasks complete, CATSINaM will have a solid foundation for progressing work under this strategy.

## Professional development options for Aboriginal and Torres Strait Islander nurses and midwives

Throughout the year, CATSINaM has identified and promoted relevant professional development options to Members through the Friday News, newsletter, and Annual Conference.

A funding request was submitted to DoH in March 2013 to support high priority workforce development activities for Members to reflect the outcomes from member consultations. The Department has yet to respond hence CATSINaM is currently exploring alternative options and opportunities for funding professional development.

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### Strategic Direction 4: Active involvement in research and workforce development projects

Increase our active involvement in research and workforce development projects that realise the vision of CATSINaM.

CATSINaM is focusing efforts on two objectives through four strategies:

**Objective 4.1:** To increase our influence on research in nursing and midwifery and/or Aboriginal health undertaken by other stakeholders.

**Objective 4.2:** To increase our involvement with designing and implementing workforce development projects.

### Main Activities and Key Achievements for 2013-2014

#### Consult with Members on research and workforce development project priorities for CATSINaM

Consultation in this area of the plan focuses on member-defined priorities for research and workforce development projects. CATSINaM combined the stakeholder engagement strategy with the Membership Recruitment and Retention Strategy, prioritising visits to Chief Nursing and/or Midwifery Officers of state/territory health departments and universities to help identify what was occurring more broadly in the profession. This work has only just been completed and the analysis is being finalised so priorities for workforce development projects can be identified, initiated and/or collaborated on during 2014-2015. During the coming year, CATSINaM hopes to develop a Member-developed and driven research agenda, and offer Members research skills training.

CATSINaM formally met with the Lowitja Institute regarding future partnerships in areas of shared interest, and also worked with HWA on their research agenda for 2014. We also participated in the Lowitja Institute National Symposium on 'A vision for Aboriginal and Torres Strait Islander Health' in early 2014 that focused on research priorities.

Where requested, CATSINaM has provided input into current research projects and publications of our Members. Further work in this area is scheduled for 2014-2015.

# Financial Statements

On 15 July 2013, CATSIN signed a two-year funding agreement with the Commonwealth, which was solely used for Administration and Core Business as outlined in the CATSINaM 2013-18 Strategic Plan. The CATSINaM Contract was developed by DoH with input from the CATSINaM CEO and President. The expected activities incorporated a large focus on internal establishment, relationship building and membership growth. The budget called for a larger Secretariat and infrastructure, a new office, full staffing and an AGM Conference with much of this to be executed in the first eight months of the 24-month contract. Hence, much of CATSINaM's financial expenditure occurred in the first half of the 2013-14 budget. All funds have been acquitted as per the Service Agreement signed by the Board and DoH.

A new accounting firm, RSM Bird was appointed to assist CATSINaM grow its internal capacity, financial obligations and compliance. The CATSINaM Board established an audit committee and developed policies and procedures that assist them and the Secretariat with financial obligations and risk mitigation.

CATSINaM has been compliant with all of its reporting responsibilities, and all statutory obligations of the organisation have been fulfilled including GST, staff provisions/entitlements, and contractual obligations such as insurances.

As highlighted in the Audited Financial Report, CATSINaM has reported a surplus that has been allocated to future activities.



# Financial Statements

For the Year Ended 30 June 2014

Directors' Report.....	21
Auditors Independence Declaration under Section 307C of the <i>Corporations Act 2001</i> .....	22
Statement of Profit or Loss and Other Comprehensive Income.....	23
Statement of Financial Position .....	24
Statement of Changes in Equity.....	25
Statement of Cash Flows .....	26
Notes to the Financial Statements.....	27
Directors' Declaration.....	40
Independent Audit Report .....	41

## Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Ltd

ACN 085 000 120

# Directors' Report

30 June 2014

The directors present their report on Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd for the financial year ended 30 June 2014.

### 1. General information

#### Information on directors

The names of each person who has been a director during the year and to the date of this report are:

Faye Clarke	
Edward Murphy	
Deborah Miller	
Ali Drummond	Resigned 7 November 2013
Jane Jones	
Anne Maree Maher	
Donna Coulthard	Resigned 6 October 2013
Shane Mohor	Resigned 6 October 2013
Vicki Holliday	Resigned 6 October 2013
Dr Roianne West	Appointed 1 March 2014
Michael Griffiths	Resigned 23 July 2013

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

#### Principal activities

The principal activity of Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd during the financial year was to increase the recruitment and retention of Aboriginal and Torres Strait Islander peoples into nursing and midwifery. Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd is also dedicated to ensure all nurses and midwives have meaningful, discrete courses on Aboriginal and Torres Strait Islander health, history and culture leading to enrolment, registration or endorsement as a nurse or midwife.

No significant changes in the nature of the Company's activity occurred during the financial year

#### Members guarantee

Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each members and any person or association who ceased to be a member in the year prior to the winding up, is limited to \$ 10 for all other members, subject to the provisions of the company's constitution.

At 30 June 2014 the collective liability of members was \$ 1,550 (2013: \$ 1,550).

#### Auditor's independence declaration

The lead auditor's independence declaration in accordance with section 307C of the Corporations Act 2001, for the year ended 30 June 2014 has been received and can be found on page 2 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

Director .....  ..... Dated ..... 6th August 2014 .....

Director .....  ..... Dated ..... 6th August 2014 .....

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Ltd

ACN 085 000 120

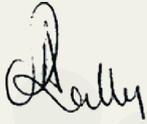
## Auditors Independence Declaration under Section 307C of the *Corporations Act 2001*

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Hardwicks

Chartered Accountants



Amanda O'Reilly CA

Partner

6 August 2014

Deakin ACT

## Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2014

	Note	2014 \$	2013 \$
Other income	3	1,418,143	408,986
Marketing expenses		(32,846)	-
Administrative expenses		(59,959)	(59,067)
Annual conference expenses		(109,718)	(27,256)
ICT equipment maintenance & support		(21,314)	(15,174)
Scholarships		-	(2,000)
Employee benefits expense		(585,551)	(353,809)
Travel & accommodation expenses		(108,356)	(76,201)
Board expenses		(52,446)	-
Building expenses		(58,350)	-
Other expenses		(136,992)	(18,126)
<b>Profit before income tax</b>		<b>252,611</b>	<b>(142,647)</b>
Income tax expense		-	-
<b>Profit from continuing operations</b>		<b>252,611</b>	<b>(142,647)</b>
<b>Other comprehensive income, net of income tax</b>		<b>-</b>	<b>-</b>
<b>Total comprehensive income for the year</b>		<b>252,611</b>	<b>(142,647)</b>

The accompanying notes form part of these financial statements

## Statement of Financial Position

For the Year Ended 30 June 2014

	Note	2014 \$	2013 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	4	716,750	97,322
Other assets	6	7,771	5,383
<b>TOTAL CURRENT ASSETS</b>		<b>724,521</b>	<b>102,705</b>
NON-CURRENT ASSETS			
Property, plant and equipment	5	63,033	30,796
<b>TOTAL NON-CURRENT ASSETS</b>		<b>63,033</b>	<b>30,796</b>
<b>TOTAL ASSETS</b>		<b>787,554</b>	<b>133,501</b>
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	7	81,062	20,414
Borrowings	8	12,098	-
Employee benefits	10	26,261	26,114
Other financial liabilities	9	291,189	-
<b>TOTAL CURRENT LIABILITIES</b>		<b>410,610</b>	<b>46,528</b>
NON-CURRENT LIABILITIES			
Borrowings	8	37,359	-
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>37,359</b>	
<b>TOTAL LIABILITIES</b>		<b>447,969</b>	<b>46,528</b>
<b>NET ASSETS</b>		<b>339,585</b>	<b>86,973</b>
<b>EQUITY</b>			
Retained earnings		339,584	86,973
<b>TOTAL EQUITY</b>		<b>339,584</b>	<b>86,973</b>

The accompanying notes form part of these financial statements

## Statement of Changes in Equity

For the Year Ended 30 June 2014

2014	Retained Earnings \$	Total \$
Balance at 1 July 2013	86,973	86,973
Profit attributable to members of the entity	252,611	252,611
<b>Balance at 30 June 2014</b>	<b>339,584</b>	<b>339,584</b>

2013	Retained Earnings \$	Total \$
Balance at 1 July 2012	229,620	229,620
Profit attributable to members of the entity	(142,647)	(142,647)
<b>Balance at 30 June 2013</b>	<b>86,973</b>	<b>86,973</b>

The accompanying notes form part of these financial statements

Statement of Cash Flows  
For the Year Ended 30 June 2014

	Note	2014 \$	2013 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			
Receipts from customers		63,550	7,941
Payments to suppliers and employees		(1,275,699)	(570,312)
Interest received		4,650	428
Receipt from grants		1,832,113	440,000
Net cash provided by (used in) operating activities	12	624,614	(121,943)
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Proceeds from sale of plant and equipment		-	7,864
Purchase of property, plant and equipment		(54,644)	(11,322)
Net cash used by investing activities		(54,644)	(3,458)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			
Proceeds from borrowings		49,458	-
Net cash used by financing activities		49,458	-
Net increase (decrease) in cash and cash equivalents held		619,428	(125,401)
Cash and cash equivalents at beginning of year		97,322	222,723
Cash and cash equivalents at end of financial year	4	716,750	97,322

The financial statements are for Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd as an individual entity, incorporated and domiciled in Australia. Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd is a not-for-profit Company limited by guarantee.

The functional and presentation currency of Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd is Australian dollars.

The accompanying notes form part of these financial statements

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 1 Summary of Significant Accounting Policies

#### (a) Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

#### Rounding Amounts

The Company is an entity to which ASIC Class Order 98/100 applies and, accordingly, amounts in the financial statements and Directors' Report have been rounded to the nearest thousand dollars.

#### (b) Comparative Amounts

Comparatives are consistent with prior years, unless otherwise stated.

Where a change in comparatives has also affected the opening retained earnings previously presented in a comparative period, an opening statement of financial position at the earliest date of the comparative period has been presented.

#### (c) Income Tax

No provision for income tax has been raised as the Company is exempt from income tax under Div 50 of the Income Tax Assessment Act 1997.

#### (d) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the entity and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

All revenue is stated net of the amount of goods and services tax (GST).

#### Interest revenue

Interest is recognised using the effective interest method.

#### (e) Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 1 Summary of Significant Accounting Policies continued

#### (f) Property, Plant and Equipment

Classes of property, plant and equipment are measured using the cost or revaluation model as specified below.

Where the cost model is used, the asset is carried at its cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

Assets measured using the revaluation model are carried at fair value at the revaluation date less any subsequent accumulated depreciation and impairment losses. Revaluations are performed whenever there is a material movement in the value of an asset under the revaluation model.

Freehold land and buildings that have been contributed at no cost, or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

#### Plant and equipment

Plant and equipment are measured using the cost model.

Plant and equipment that have been contributed at no cost, or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

#### Depreciation

The depreciable amount of all property, plant and equipment, except for freehold land is depreciated on a reducing balance method from the date that management determine that the asset is available for use.

Assets held under a finance lease and leasehold improvements are depreciated over the shorter of the term of the lease and the assets useful life.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Plant and Equipment	20%
Motor Vehicles	18.75%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

#### (g) Financial instruments

##### Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is the equivalent to the date that the Company commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transactions costs, except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

##### Classification and subsequent measurement

Financial instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method, or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 1 *Summary of Significant Accounting Policies continued*

Amortised cost is calculated as:

- a. the amount at which the financial asset or financial liability is measured at initial recognition;
- b. less principal repayments;
- c. plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and
- d. less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

The classification of financial instruments depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition and at the end of each reporting period for held-to-maturity assets.

The Company does not designate any interest as being subject to the requirements of accounting standards specifically applicable to financial instruments.

#### *(i) Financial assets at fair value through profit or loss*

Financial assets are classified at 'fair value through profit or loss' when they are either held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

#### *(ii) Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting year.

#### *(iii) Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Company's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

Held-to-maturity investments are included in non-current assets, except for those which are expected to be realised within 12 months after the end of the reporting period, which will be classified as current assets.

If during the period the Company sold or reclassified more than an insignificant amount of the held-to-maturity investments before maturity, the entire held-to-maturity investments category would be tainted and reclassified as available-for-sale.

#### *(iv) Available-for-sale financial assets*

Available-for-sale financial assets are non-derivative financial assets that are either not suitable to be classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

Available-for-sale financial assets are included in non-current assets, except for those which are expected to be sold within 12 months after the end of the reporting period.

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 1 Summary of Significant Accounting Policies continued

#### (v) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost. Fees payable on the establishment of loan facilities are recognised as transaction costs of the loan.

Borrowings are classified as current liabilities unless the Company has an unconditional right to defer settlement of the liability for at least 12 months after the reporting date.

#### Financial guarantees

Where material, financial guarantees issued, which require the issuer to make specified payments to reimburse the holder for a loss it incurs because a specified debtor fails to make payment when due, are recognised as a financial liability at fair value on initial recognition. The guarantee is subsequently measured at the higher of the best estimate of the obligation and the amount initially recognised less, when appropriate, cumulative amortisation in accordance with AASB 118: Revenue. Where the Company gives guarantees in exchange for a fee, revenue is recognised under AASB 118.

#### Impairment of financial assets

At the end of the reporting period the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

#### Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

#### Available-for-sale financial assets

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

#### (h) Impairment of non-financial assets

At the end of each reporting period the Company determines whether there is an evidence of an impairment indicator for non-financial assets.

Where this indicator exists and regardless for goodwill, indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the assets is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss, except for goodwill.

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 1 Summary of Significant Accounting Policies continued

#### (i) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

#### (j) Employee benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than twelve months after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

Employee benefits are presented as current liabilities in the statement of financial position if the Company does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date regardless of the classification of the liability for measurement purposes under AASB 119.

#### (k) Adoption of new and revised accounting standards

During the current year, the following standards became mandatory and have been adopted retrospectively by the Company:

- AASB 13 Fair Value Measurement
- AASB 119 Employee Benefits
- AASB 127 Separate Financial Statements
- AASB 2012-9 Amendments to AASB 1048 arising from the Withdrawal of Australian Interpretation 1039
- AASB 2012-2 Amendments to Australian Accounting Standards - Disclosures - Offsetting Financial Assets and Financial Liabilities

The accounting policies have been updated to reflect changes in the recognition and measurement of assets, liabilities, income and expenses and the impact of adoption of these standards is discussed below.

AASB 13 Fair Value Measurement does not change what and when assets or liabilities are recorded at fair value. It provides guidance on how to measure assets and liabilities at fair value, including the concept of highest and best use for non-financial assets. AASB 13 has not changed the fair value measurement basis for any assets or liabilities held at fair value, however additional disclosures on the methodology and fair value hierarchy have been included in the financial statements.

AASB 119 Employee benefits changes the basis for determining the income or expense relating to defined benefit plans and introduces revised definitions for short-term employee benefits and termination benefits.

The Company reviewed the annual leave liability to determine the level of annual leave which is expected to be paid more than 12 months after the end of the reporting period. Whilst this has been considered to be a long-term employee benefits for the purpose of measuring the leave under AASB 119, the effect of discounting was not considered to be material and therefore has not been performed.

## Notes to the Financial Statements

## For the Year Ended 30 June 2014

## 1 Summary of Significant Accounting Policies continued

## (l) New Accounting Standards and Interpretations

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Company has decided against early adoption of these Standards. The following table summarises those future requirements, and their impact on the Company:

Standard Name	Effective date for entity	Requirements	Impact
AASB 9 Financial Instruments and amending standards AASB 2010-7 / AASB 2012-6	30 June 2016	Changes to the classification and measurement requirements for financial assets and financial liabilities. New rules relating to derecognition of financial instruments.	The impact of AASB 9 has not yet been determined as the entire standard has not been released.
AASB 1053 - Application of Tiers of Australian Accounting Standards and amending standards AASB 2010-2, AASB 2011-11, AASB 2012-1, AASB 2012-7 and AASB 2012-11	30 June 2014	This standard allows certain entities to reduce disclosures.	The entity is not adopting the RDR and therefore these standards are not relevant.
AASB 2011-2 Amendments to Australian Accounting Standards arising from Trans-Tasman convergence – Reduced Disclosure Requirements	30 June 2014	Highlights the disclosures not required in AASB 1054 for entities applying the RDR.	The entity is not adopting the RDR and therefore this standard is not relevant.
AASB 2011-4 - Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements [AASB 124]	30 June 2014	Remove individual key management personnel disclosure requirements (i.e. components of remuneration) for disclosing entities.	The entity is not a disclosing entity and therefore this will have no impact.
AASB 119 Employee Benefits (September 2011) AASB 2011-10 Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) and AASB 2011-11 Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements	30 June 2014	The main changes in this standard relate to the accounting for defined benefit plans and are as follows: - elimination of the option to defer the recognition of gains and losses (the 'corridor method'); - requiring remeasurements to be presented in other comprehensive income; and - enhancing the disclosure requirements.	Since the entity does not have a defined benefit plan, the adoption of these standards will not have any impact.

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 1 Summary of Significant Accounting Policies continued

AASB 2010-10 - Further Amendments to Australian Accounting Standards - Removal of Fixed Dates for First-time Adopters [AASB 2009-11 & AASB 2010-7]	30 June 2014	Makes amendments to AASB 1	No impact since the entity is not a first-time adopter of IFRS.
AASB 2012-2 - Amendments to Australian Accounting Standards - Disclosures - Offsetting Financial Assets and Financial Liabilities [AASB 132 & AASB 7]	30 June 2014	Requires the inclusion of information about the effect or potential effect of netting arrangements.	There is no impact on disclosures as there are no offsetting arrangements currently in place.
AASB 2012-4 - Amendments to Australian Accounting Standards - Government Loans [AASB 1]	30 June 2014	Adds exception to retrospective application of Australian Accounting Standards for first time adopters.	No impact as these are not the first time adoption accounts for the entity.

### 2 Economic Dependence

Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd is dependent on the Department of Health and Ageing for the majority of the revenue to operate its business. At the date of this report the Company has not secured funding past 30 June 2015. Current reserves would enable the company to operation for approximately 3 months without securing additional funding.

### 3 Other Income

	2014 \$	2013 \$
Other Income		
Interest	4,650	428
Sponsorships	1,818	1,818
Membership Fees	-	2,691
Conference income	18,219	-
Other income	11,463	1,994
Disposal of equipment	(18,847)	2,055
Government grants	1,400,840	400,000
	<b>1,418,143</b>	<b>408,986</b>

## Notes to the Financial Statements

For the Year Ended 30 June 2014

## 4 Cash and cash equivalents

	2014 \$	2013 \$
Cash at bank and in hand	716,750	97,322

## Reconciliation of cash

Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:

	Note	2014 \$	2013 \$
Cash and cash equivalents		716,750	97,322
Bank overdrafts	8	(1,738)	-
<b>Balance as per statement of cash flows</b>		<b>715,012</b>	<b>97,322</b>

## 5 Property, plant and equipment

	2014 \$	2013 \$
<b>PLANT AND EQUIPMENT</b>		
Motor vehicles		
At cost	41,990	-
Accumulated depreciation	(777)	-
Total motor vehicles	41,213	-
Office equipment		
At cost	-	28,002
Accumulated depreciation	-	(23,832)
Total office equipment	-	4,170
<b>Plant and Equipment</b>		
At cost	25,951	76,681
Accumulated depreciation	(4,131)	(50,055)
Total Plant and Equipment	21,820	26,626
<b>Total property, plant and equipment</b>	<b>63,033</b>	<b>30,796</b>

## Notes to the Financial Statements

For the Year Ended 30 June 2014

5 *Property, plant and equipment continued*(a) **Movements in carrying amounts of property, plant and equipment**

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Motor Vehicles \$	Office Equipment \$	Plant and Equipment \$	Total \$
<b>Year ended 30 June 2014</b>				
Balance at the beginning of year	-	4,170	26,626	30,796
Additions	41,990	-	14,051	56,041
Disposals - written down value	-	(4,170)	(15,130)	(19,300)
Depreciation expense	(777)	-	(3,727)	(4,504)
<b>Balance at the end of the year</b>	<b>41,213</b>	<b>-</b>	<b>21,820</b>	<b>63,033</b>

	Motor Vehicles \$	Office Equipment \$	Plant and Equipment \$	Total \$
<b>Year ended 30 June 2013</b>				
Balance at the beginning of year	5,822	5,213	18,530	29,565
Additions	-	-	11,323	11,323
Disposals - written down value	(5,809)	-	-	(5,809)
Depreciation expense	(13)	(1,043)	(3,227)	(4,283)
<b>Balance at the end of the year</b>	<b>-</b>	<b>4,170</b>	<b>26,626</b>	<b>30,796</b>

6 **Other non-financial assets**

	2014 \$	2013 \$
CURRENT		
Prepayments	7,771	5,383

7 **Trade and other payables**

	2014 \$	2013 \$
CURRENT		
Trade payables	21,641	10,899
GST payable	45,833	(708)
Other payables	13,588	10,223
	<b>81,062</b>	<b>20,414</b>

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 8 Borrowings

	2014 \$	2013 \$
<b>CURRENT</b>		
Secured liabilities:		
Bank overdraft	1,738	-
Chattel mortgage	10,360	-
<b>Total current borrowings</b>	<b>12,098</b>	<b>-</b>
<b>NON-CURRENT</b>		
Secured liabilities:		
Chattel mortgage	37,359	-
<b>Total non-current borrowings</b>	<b>37,359</b>	<b>-</b>
<b>Total borrowings</b>	<b>49,457</b>	<b>-</b>

Chattel mortgage liabilities are secured by the underlying leased assets.

### 9 Other Financial Liabilities

	2014 \$	2013 \$
<b>CURRENT</b>		
Government grants	291,189	-

### 10 Employee Benefits

	2014 \$	2013 \$
<b>Current liabilities</b>		
Provision for employee benefits	26,261	26,114
	<b>26,261</b>	<b>26,114</b>

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 11 Financial Risk Management

The Company is exposed to a variety of financial risks through its use of financial instruments.

This note discloses the Company's objectives, policies and processes for managing and measuring these risks.

The Company's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The Company does not speculate in financial assets.

The most significant financial risks to which the Company is exposed to are described below:

#### Specific risks

- Market risk - cash flow interest rate risk
- Credit risk
- Liquidity risk

#### Financial instruments used

The principal categories of financial instrument used by the Company are:

- Trade receivables
- Cash at bank
- Bank overdraft
- Trade and other payables

Objectives, policies and processes

Risk management is carried out by the Company's Board of Directors. The Finance Manager has primary responsibility for the development of relevant policies and procedures to mitigate the risk exposure of the Company, these policies and procedures are then approved by the risk management committee and tabled at the board meeting following their approval.

Specific information regarding the mitigation of each financial risk to which Company is exposed is provided below.

#### Liquidity risk

Liquidity risk arises from the Company's management of working capital and the finance charges and principal repayments on its debt instruments. It is the risk that the Company will encounter difficulty in meeting its financial obligations as they fall due.

The Company's policy is to ensure that it will always have sufficient cash to allow it to meet its liabilities when they become due. The Company maintains cash and marketable securities to meet its liquidity requirements for up to 30-day periods. Funding for long-term liquidity needs is additionally secured by an adequate amount of committed credit facilities and the ability to sell long-term financial assets.

At the reporting date, these reports indicate that the Company expected to have sufficient liquid resources to meet its obligations under all reasonably expected circumstances and will not need to draw down any of the financing facilities.

#### Market risk

##### (i) Cash flow interest rate sensitivity

The Company is exposed to interest rate risk as funds are borrowed at floating and fixed rates. Borrowings issued at fixed rates expose the Company to fair value interest rate risk.

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 11 *Financial Risk Management continued*

The Company's policy is to minimise interest rate cash flow risk exposures on long-term financing. Longer-term borrowings are therefore usually at fixed rates. At the reporting date, the Company is exposed to changes in market interest rates through its bank borrowings, which are subject to variable interest rates.

#### **Credit risk**

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in a financial loss to the Company.

Credit risk arises from cash and cash equivalents, derivative financial instruments and deposits with banks and financial institutions, as well as credit exposure to wholesale and retail customers, including outstanding receivables and committed transactions.

The Company has adopted a policy of only dealing with creditworthy counterparties as a means of mitigating the risk of financial loss from defaults. The utilisation of credit limits by customers is regularly monitored by line management. Customers who subsequently fail to meet their credit terms are required to make purchases on a prepayment basis until creditworthiness can be re-established.

Management considers that all the financial assets that are not impaired for each of the reporting dates under review are of good credit quality, including those that are past due.

The credit risk for liquid funds and other short-term financial assets is considered negligible, since the counterparties are reputable banks with high quality external credit ratings.

## Notes to the Financial Statements

For the Year Ended 30 June 2014

### 12 Cash Flow Information

#### (a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2014 \$	2013 \$
Profit for the year	252,611	(142,647)
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- depreciation	4,504	4,283
- net gain on disposal of property, plant and equipment	18,847	(2,055)
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries:		
- (increase)/decrease in prepayments	(2,388)	(5,383)
- increase/(decrease) in income in advance	291,189	-
- increase/(decrease) in trade and other payables	59,704	(2,255)
- increase/(decrease) in employee benefits	147	26,114
Cashflow from operations	624,614	(121,943)

### 13 Members' Guarantee

The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$ 10 each towards meeting any outstandings and obligations of the Company. At 30 June 2014 the number of members was 155 (2013: 155).

## Directors Declaration

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 4 to 21, are in accordance with the Corporations Act 2001 and:
  - (a) comply with Australian Accounting Standards; and
  - (b) give a true and fair view of the financial position as at 30 June 2014 and of the performance for the year ended on that date of the entity.
  
2. In the directors' opinion, there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director .....  ..... Dated ..... 6th August 2014 .....

Director .....  ..... Dated ..... 6th August 2014 .....

## Report on the Financial Report

We have audited the accompanying financial report of Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd, which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

### *Directors' Responsibility for the Financial Report*

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Independence*

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd, would be in the same terms if given to the directors as at the time of this auditor's report.

### *Opinion*

In our opinion the financial report of Congress of Aboriginal & Torres Strait Islander Nurses & Midwives Ltd is in accordance with the Corporations Act 2001, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards and the Corporations Regulations 2001.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Ltd

ACN 085 000 120

*Emphasis of Matter*

We draw attention to Note 2 to the financial statements which describe the uncertainty related to continued funding from the Department of Health & Ageing.

Our opinion is not qualified in respect of this matter.

Hardwicks  
Chartered Accountants



Amanda O'Reilly CA  
Partner  
Deakin ACT

6 August 2014



## Appendix 1: Abbreviations and Acronyms

ACN	Australian College of Nursing
ACT	Australian Capital Territory
ACU	Australian Catholic University
ACNM	Australian College of Nursing & Midwifery
AGM	Annual General Meeting
AHCSA	Aboriginal Health Council of South Australia
AIDA	Australian Indigenous Doctors Association
AIPA	Australian Indigenous Psychologists Association
AHMAC	Australian Health Ministerial Advisory Council
AHPRA	Australia Health Practitioner Regulation Agency
AMOSS	Australian Maternity Outcomes Surveillance System
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANF	Australian Nursing Federation
ANZDATA	Australia and New Zealand Data Collection Group Indigenous Reference Group
ASIC	Australian Securities and Investments Commission
ASANNA	Australian Student and Novice Nurse Association
ATSIHWWG	Aboriginal and Torres Strait Islander Health Workforce Working Group
BADAC	Ballarat and District Aboriginal Co-operative
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CEO	Chief Executive Officer
CoNNO	Coalition of National Nursing Organisations Council
CRANA	Council of Remote Area Nurses of Australia
CST	Cultural Safety Training
CTG	Close the Gap
DoH	Department of Health
DoHA	Department of Health and Ageing
EN	Enrolled Nurse
GST	Goods and Services Tax
HWA	Health Workforce Australia
IAHA	Indigenous Allied Health Association
IDAA	Indigenous Dentists Association Australia
LINMEN	Leaders in Nursing and Midwifery Education Network
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHWA	National Aboriginal and Torres Strait Islander Health Worker Association

*Appendix 1: Abbreviations and Acronyms continued*

<b>NATSIHP</b>	National Aboriginal and Torres Strait Islander Health Plan
<b>NIDAC</b>	National Indigenous Drug and Alcohol Committee
<b>NMBA</b>	Nursing and Midwifery Board of Australia
<b>NHLF</b>	National Health Leadership Forum
<b>NT</b>	Northern Territory
<b>NSW</b>	New South Wales
<b>OAM</b>	Order of Australia Medal
<b>OATSIH</b>	Office for Aboriginal and Torres Strait Islander Health
<b>PAC</b>	Project Advisory Committee
<b>PAG</b>	Project Advisory Group
<b>PEPA</b>	Program of Experience in the Palliative Approach
<b>PwC</b>	Pricewaterhouse Coopers
<b>QLD</b>	Queensland
<b>RANZCOG</b>	Royal Australian and New Zealand Obstetricians and Gynaecologists
<b>RTOS</b>	Registered Training Organisations
<b>RN</b>	Registered Nurse
<b>RM</b>	Registered Midwife
<b>SA</b>	South Australia
<b>SAC</b>	Standing Advisory Committee
<b>SDOHA</b>	Social Determinates of Health Alliance
<b>TAS</b>	Tasmania
<b>WA</b>	Western Australia

## Appendix 2: National Representation Work

### National Boards, committees and working groups

Australian College of Midwives Aboriginal and Torres Strait Islander Advisory Committee

Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG)

Australian Nursing and Midwifery Accreditation Advisory Council (ANMAC), Standards, Accreditation and Assessment Committee Meeting

ANMAC Board

ANMAC Midwifery Accreditation Committee

AHPRA Review of RN Standards for Practice (Southern Cross University)

Close the Gap Steering Committee

Council of Deans of Nursing and Midwifery

Enrolled Nurse Competency Project

- Project Governance Committee
- Enrolled Nurse Standards Committee
- Enrolled Nurse Qualifications

HealthInfo Net Board

Nursing and Midwifery Stakeholder Reference Group (DoH)

Coalition of National Nursing Organisations (CoNNO)

Rheumatic heart disease in pregnancy - Australian Maternity Outcomes Surveillance System Reference group

Health Workforce Australia

- Aboriginal and Torres Strait Islander Health Workforce SAC
- Aboriginal and Torres Strait Islander Health Curriculum Framework PAG
- Aboriginal and Torres Strait Islander Health Curriculum Framework PAG
- Nursing Update PAC
- Health Professionals Standing Committee

National Review of the Standards for Practice for the Enrolled Nurse PAG

National Indigenous Health InfoNet Board

National Health Leadership Forum

Privately Practicing Midwives Supervisor Models - PwC

RANZCOG Indigenous Women's Health Meeting Organising Committee for their May 2014 Conference

Social Determinants of Health Alliance

Indigenous Birthing Roundtable Hearing - Ministerial Committee

### National conferences, symposiums and workshops

National Health Plan Launch, July 2013

Ochre Day for Men's Health, July 2013

AIDA Conference, September 2013

NACCHO Primary Health Care Summit, August 2013

Health Workforce Australia National Conference, November 2013

Lowitja Institute Conference, March 2014

Australian Catholic University National Workshop, February 2013

Lowitja Institute 'A vision for Aboriginal and Torres Strait Islander health' Symposium, March 2014

RANZCOG Indigenous Women's Health Meeting, May 2014

NACCHO Primary Health Care Summit, June 2014

## *Appendix 2: National Representation Work continued*

QLD Birthing Summit, December 2013

Member forums held in Perth, Nhulunbuy, Darwin, Adelaide, Melbourne, Sydney, Brisbane, Cairns, Townsville and Canberra

Medicare Locals Conference

Health Hero's Career Expo , July 2013

National Indigenous Allied Health Professionals Conference,

National Indigenous Drug and Alcohol Committee Conference, June 2014

### **Campaigns and projects**

Mulla Mullangari Project Advisory Group

Puggy Hunter Scholarship Scheme

Australian College of Nursing and Midwifery – Nursing and Allied Health Scholarship and support scheme & the Aged Care Nursing Scholarship Scheme

Lighthouse Project – Heart Foundation

PEPA Project – National Palliative Care Association

Lowitja Institute Preliminary Research Agenda Setting Meeting

### **Meetings and formal event attendance**

Australian College of Nursing

ASANNA – Australian Student and Novice Nurse Association

Australian College of Primary Health Care Nurses

Australian College of Midwifery

Australian Nursing and Midwifery Advisory Council

Minister Fiona Nash

CRANA Plus President

ACU Health Forum

Australian Nursing and Midwifery Federation

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Northern Territory - Chief Nurse

Victorian - Chief Nurse

Western Australia - Acting Chief Nurse

Australian Chief Nurse and Midwifery Officer

South Australia - Chief Nurse Office

University of Canberra - Open Day

Charles Darwin University - Dean of Nursing

Flinders University - Dean of Nursing

University of South Australia - Dean of Nursing

University of Adelaide - Senior Lecturer

University of Adelaide - Yaitya Purrana Support Unit

James Cook University, Senior Lecturer and Support Unit staff

Queensland University of Technology, Oodgeroo (Support) Unit

University of Queensland

Australian Catholic University, Weemala (Support) Unit

*Appendix 2: National Representation Work continued*

Australian Catholic University  
Griffith University  
Australian National University  
Edith Cowan University  
Curtin University  
University of WA  
Murdoch University  
Monash University  
University of Victoria  
Charles Sturt University  
University of Western Sydney  
University of Sydney  
Australian National University Rural Medical Society (ARMS) Close the Gap Ceremony, March 2014  
'Closing the Gap (CTG)' parliamentary event, February 2014  
General Practice Student Network CTG presentation  
Murra Innovations Students  
Governor General - Quentin Bryce  
Governor General NAIDOC Reception - Peter Cosgrove  
American Embassy - World Health Day  
Duke and Duchess of Cambridge  
National Aboriginal and Torres Strait Islander Health Worker Association  
Indigenous Allied Health Australia Conference  
Australian Indigenous Doctors Association  
Apunipima Health Service  
Miwatj Aboriginal Medical Service  
Mackay Medicare Local  
Townsville Aboriginal and Torres Strait Islander Health Service  
Western Australia Department of Aboriginal Health  
ACT Sate Government  
Shalom College Students

## Submissions

Australian Health Ministerial Advisory Council (AHMAC) re: National Code of Conduct for unregistered health care workers  
Australian Commission on Safety and Quality in Health Care re: Clinical Standards for Acute Coronary Syndrome and Antimicrobial Stewardship  
House of Representatives Standing Committee re: Indigenous Affairs Inquiry into harmful use of alcohol in Aboriginal and Torres Strait Islander communities  
Prime Minister and Cabinet re: Indigenous Jobs and Training Review  
National Midwifery Board of Australia re: cultural safety education and practice  
Health Workforce Australia national consultation re: the Aboriginal and Torres Strait Islander Health Curriculum Framework Project

member project  
issues CATSIN promoting CPD  
welcoming promotes  
representation access optimisi  
health advocates midwife  
interest increase CATSIN reform  
org  
professional motivated in  
moving understands nursing in  
nurses



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