



Mercy Health

Care first

MODERN SLAVERY STATEMENT

2022



Acknowledgement of Country

Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders past, present and emerging. This statement was produced on Wurundjeri Country.



Title: *wabung-ngetel*
Call of Country
Gunnai Language

Artist
Dixon Patten
Bayila Creative
Gunnai and Yorta Yorta

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ABOUT MERCY HEALTH

Mercy Health is a Catholic not-for-profit organisation that provides a range of health, aged and community care services to communities in Victoria, the Australian Capital Territory, New South Wales, Western Australia and Queensland. We care for people throughout life from conception to death. We are focused on the whole person: their health, their wellbeing and their capacity and freedom to thrive.

Mercy Health operates at all times as part of the mission of the Catholic Church. The social teaching of the Church includes principles of human dignity; the common good; solidarity; preferential option for the poor; and care for creation, all of which imply a rejection of modern slavery.

In the tradition of the first Sisters of Mercy and based on the vision of their founder, Catherine McAuley, we are an organisation dedicated to action. We are impelled by the principles of equity and social justice that were evident in that founding vision.

Mercy Health is a ministry of Mercy Ministry Companions. Central to our mission is providing care for those in need, irrespective of religion, faith, beliefs or background.

WELCOME FROM THE MERCY HEALTH CHAIR



Virginia Bourke
Chair, Mercy Health

This is the third modern slavery statement given by Mercy Health under the *Modern Slavery Act 2018* (Cth).

The statement reports on the risks of modern slavery in Mercy Health's operations and supply chains, and the actions we have taken to address those risks, in 2022.

While COVID-19 infections and deaths continued in 2022, the world is emerging from the pandemic, reinvigorated in some ways and returning to concerns that had, to some extent, been put to one side.

The return to the 'new' normal operating conditions has permitted Mercy Health to build on earlier achievements in:

- Improving systems for treating and managing the risk of modern slavery in our supply chains.
- Improving feedback mechanisms to encourage the reporting of modern slavery practices and encouraging greater staff engagement with modern slavery.
- Expanding our modern slavery training and awareness programs with contractors.
- Taking new steps to monitor the effectiveness of our actions.

This statement is made together with a range of Australian Catholic organisations in the Australian Catholic Anti-Slavery Network (ACAN). Mercy Health is pleased to be a part of ACAN and for our third modern slavery statement to form part of ACAN's compendium of modern slavery statements.

As Chair of Mercy Health, I would like to thank everyone who has helped develop this important piece of work. I look forward to continuing to lead and support our ongoing efforts to eliminate modern slavery.

THIS MODERN SLAVERY STATEMENT

This modern slavery statement is a joint statement made on behalf of the three reporting entities within Mercy Health:

- Mercy Hospitals Victoria Ltd (revenue \$532,932,000 in 2022)
- Mercy Aged and Community Care Ltd (revenue \$341,443,000 in 2022)
- Mercy Health Australia Ltd (which does not produce consolidated accounts, but is the sole member of all the other entities in the group and had a consolidated revenue in excess of \$894 million in 2022).

The statement covers all entities owned or controlled by Mercy Health Australia Ltd, known together as 'Mercy Health'.

All of the entities within Mercy Health are registered as charities with the Australian Charities and Not-for-profits Commission. Annual information statements, financial reports and other information for those entities can be found at www.acnc.gov.au.

Although Mercy Health generally reports on a 1 July to 30 June basis, Mercy Health reports under the Modern Slavery Act together with other members of the Australian Catholic Anti-Slavery Network and, accordingly, we have adopted the reporting period of the ACAN's compendium members for the purpose of this statement. Accordingly, this statement is given for the period 1 January to 31 December 2022.

OUR ORGANISATIONAL STRUCTURE

MERCY HEALTH

Mercy Health is comprised of Mercy Health Australia Ltd and its subsidiaries.

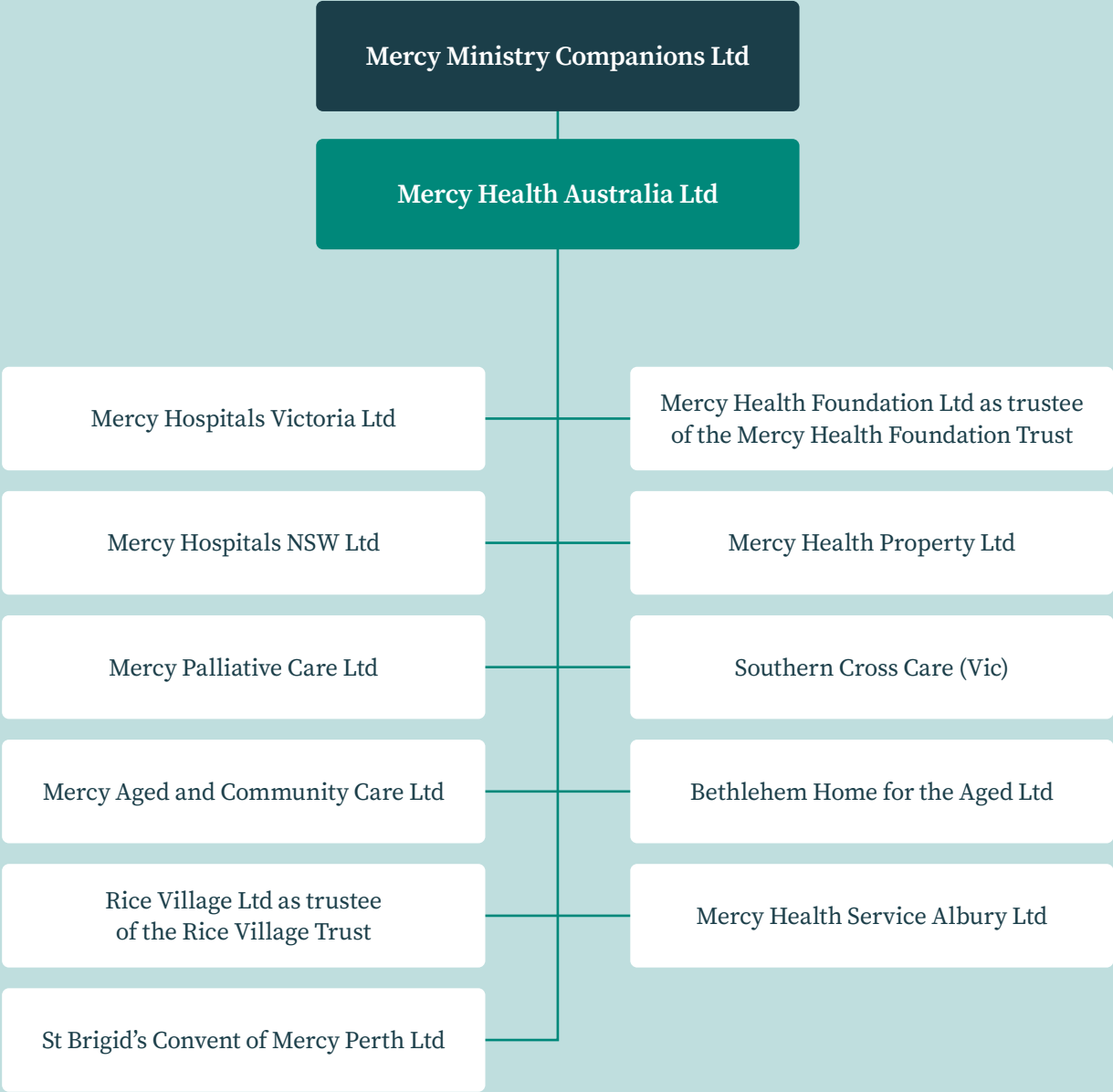
Mercy Health Australia Ltd is the sole member of each of the following companies:

Mercy Hospitals Victoria Ltd	ACN 614 116 013	ABN 74 762 230 429
Mercy Hospitals NSW Ltd	ACN 075 648 350	ABN 53 075 648 350
Mercy Palliative Care Ltd	ACN 614 116 148	ABN 77 896 699 763
Mercy Aged and Community Care Ltd	ACN 088 254 460	ABN 77 191 901 062
Rice Village Ltd as trustee of the Rice Village Trust*	ACN 089 460 935	ABN 58 089 460 935
St Brigid's Convent of Mercy Perth Ltd	ACN 617 402 767	ABN 57 714 505 919
Mercy Health Foundation Ltd as trustee of the Mercy Health Foundation**	ACN 107 275 230	ABN 73 107 275 230
Mercy Health Property Ltd	ACN 082 093 150	ABN 26 412 756 615
Southern Cross Care (Vic)	ACN 004 788 612	ABN 27 004 788 612
Bethlehem Home for the Aged Ltd	ACN 614 116 308	ABN 68 554 957 510
Mercy Health Service Albury Ltd	ACN 068 291 234	ABN 82 068 291 234

* A trust established in accordance with the wills of Hannah Kathleen Moylan and Margaret May Rice administered cy-pres in accordance with Orders made by the Supreme Court of Victoria on 19 November 1993 and leave pursuant to section 63 of the *Religious Successory and Charitable Trusts Act 1958* (Vic) given in Orders made by the Supreme Court of Victoria on 30 November 1994.

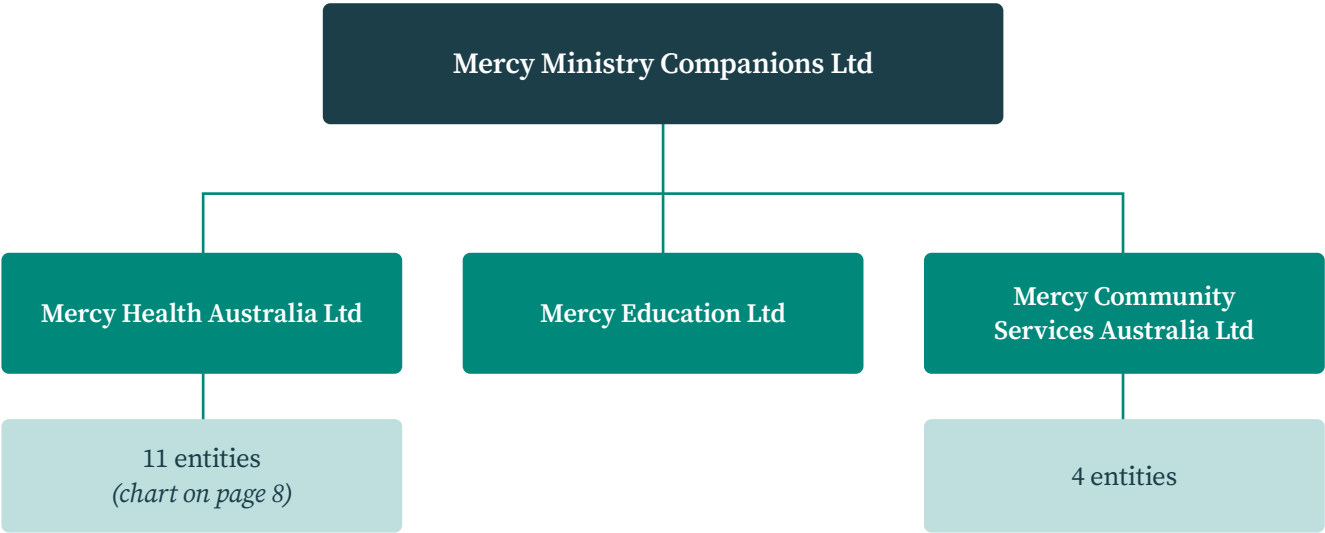
** A trust established by deed made 30 March 2005 and as amended.

Mercy Health’s corporate structure is illustrated in the following chart:



MERCY MINISTRY COMPANIONS

On 3 December 2021, ministries established by the Sisters of Mercy in Australia, including Mercy Health, were reorganised to become members of the Mercy Ministry Companions group, as illustrated in the following chart:



The reorganisation emerged out of the Sisters’ knowledge that the number of Sisters skilled in governance is declining, and a desire that their ministries should continue in accordance with their ethos. The reorganisation has empowered the laity (as directors of Mercy Ministry Companions Ltd) to take on a greater role in governance, while Sisters remain involved for now as members of Mercy Ministry Companions Ltd. The reorganisation has not changed the day-to-day operations of Mercy Health.

OUR GOVERNANCE FRAMEWORK

The membership of the Boards of all of the companies that make up Mercy Health, other than Mercy Health Foundation Ltd, is concurrent. The concurrent boards are known as ‘the Mercy Health Board’.

Mercy Health Foundation — which seeks philanthropic support for the work of Mercy Health — has a separate Board of Directors, referred to here as the ‘Foundation Board’.

All of the entities that make up Mercy Health are supported by our Group Chief Executive Officer and Executive management team based in Melbourne. Support services functions are also shared across the organisation. For example, human resources and procurement teams support the organisation as a whole.

OUR OPERATIONS AND SUPPLY CHAIN

OPERATIONS

Mercy Health provides a range of health, aged and community care services in Australia.

Mercy Health provides public hospital services in Victoria and New South Wales. We cared for approximately 127,000 people in our Victorian hospitals in 2022. In that year, nearly 9,000 babies were born in those Victorian hospitals, 699 families were supported by our early parenting centre and more than 950 people received mental health services.

At the end of 2022, Mercy Health was operating 30 residential aged care homes across four states, providing care to 2,200 people.

Mercy Health also supports people to live independently at home. In 2022, we provided care for more than 6,100 people in their own homes.

SUPPLY CHAIN

Mercy Health purchases a wide range of goods and services, including:

- medical and related services, such as allied health services, medical imaging services, pathology services and the services of agency staff
- building, construction and infrastructure services, including waste management and medical gas supply
- ancillary services such as food, cleaning, linen and laundry, security and gardening
- communications, information technology hardware and support, and software solutions and support.

We deal mainly with suppliers that have an Australian presence. However, our suppliers' head offices are based all around the world, with key countries including Australia, New Zealand, China, the United Kingdom, the United States of America and Germany.

Mercy Health's suppliers manufacture or source from manufacturers all over the world. Manufacturing occurs in a number of countries including Australia, the United States of America, Germany, Turkey, Japan, China, Malaysia, Mexico, Colombia and Sri Lanka.

MODERN SLAVERY RISKS IN OUR OPERATIONS AND SUPPLY CHAIN

OPERATIONAL RISK

About 11,774 people — 81 per cent of whom are women — worked for Mercy Health in 2022. Of the total number of staff, 5,935 worked in health services, 4,539 worked in residential aged care, 830 worked in home care and 470 worked in support services.

While Mercy Health employs people from approximately 138 countries, including India, the Philippines, Nepal and the United Kingdom, the vast majority of our employees are engaged in Australia.

Just over 330 staff from 33 countries hold temporary visas. Visa applications related to those positions are managed by an in-house team in accordance with our Visa Policy and Procedure, and in compliance with immigration requirements under Australian law.

Mercy Health engages our employees under a wide range of enterprise agreements and modern awards, as well as under common law, and frequently engages with trade unions acting on our employees' behalf.

Some staff are engaged through agency and other labour hire arrangements. Where state laws require it, we engage labour hire staff only from registered labour-hire providers.

Mercy Health has a range of systems in place to identify and action changes to employment entitlements, immigration requirements, equal opportunity requirements and health and safety legislation. Mercy Health has a rolling internal audit plan that includes review of employee-related entitlements.

Mercy Health has a Code of Conduct that governs how our employees conduct themselves in our operations. The Code of Conduct is based on our organisational values: compassion, hospitality, respect, innovation, stewardship and teamwork.

Mercy Health does not tolerate improper conduct by our employees, officers or volunteers, and we are committed to protecting and supporting whistleblowers who disclose improper conduct. This is explained in greater detail in our Whistleblowers Policy and Procedure and on our website.

The policies and procedures that govern how we relate to our people are available throughout the organisation and are reviewed and updated on a regular basis.

SUPPLY CHAIN RISKS

In 2022, Mercy Health purchased goods and services to the value of more than \$222 million from 3,700 suppliers for the purpose of carrying out its activities.

To target our efforts to address the risks of modern slavery, Mercy Health undertook a supplier risk analysis in 2019 of our top 54 suppliers by spend, in conjunction with ACAN.

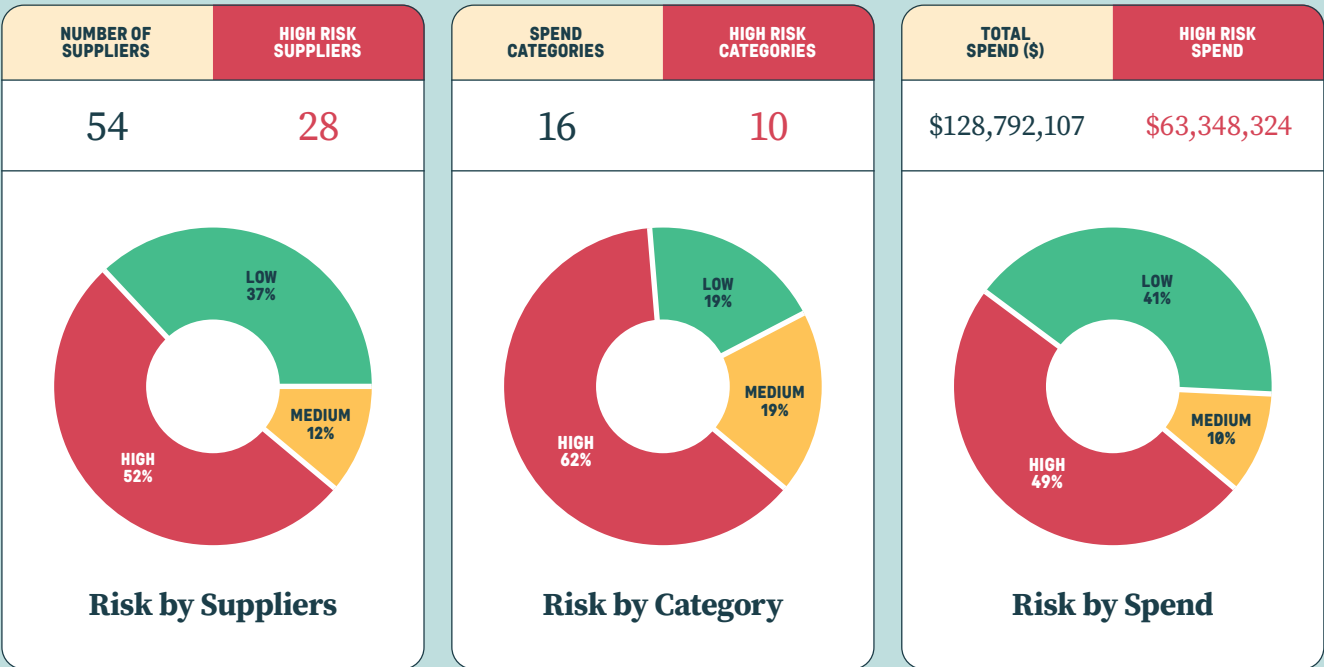
Spend categories were divided into high, medium and low risk informed by ACAN's Category Risk Taxonomy.

Mercy Health purchased goods and services in the following high-risk spend categories:

- building and construction
- cleaning services
- food and beverage
- furniture and office supplies
- labour hire (agency)
- linen/laundry
- medical supplies
- security services
- uniforms and workwear
- waste management.

The resulting Mercy Health Risk Dashboard identified that, of the top 54 spend suppliers, 28 were categorised as *potentially* high risk by virtue of falling within 10 identified high-risk categories. The total high-risk spend in 2019 was more than \$63 million.

The actions taken to address those supply chain risks within Mercy Health are identified in the following pages.



ACTIONS TAKEN TO ASSESS AND ADDRESS THE RISKS

MODERN SLAVERY AND ETHICAL PURCHASING WORKING GROUP

Mercy Health established a Modern Slavery and Ethical Purchasing Working Group in February 2020, chaired by General Counsel. The Working Group includes Executive representation from the Chief Financial Officer; Executive Director People, Learning and Culture; and the Executive Director Marketing, Communications and Stakeholder Relations. The Group also includes representatives from procurement, health services, aged care and risk teams.

PARTNERSHIPS

Mercy Health operates in partnership to address risks of modern slavery.

Australian Catholic Anti-Slavery Network (ACAN)

Mercy Health is a member of the Australian Catholic Anti-Slavery Network (ACAN), made up of more than 40 Catholic organisations around Australia including large Catholic health and aged care providers.

Mercy Health modern slavery liaison officers attended monthly ACAN meetings with the aim of understanding and responding to the potential risks of modern slavery in our organisation and supply chain.

Mercy Health worked with ACAN to develop our internal education and training and business systems.

Health Share Victoria

Mercy Health procures certain goods and services for its Victorian hospitals and community palliative care service through Health Share Victoria. Health Share Victoria procures goods and services for public sector health services in Victoria. Health Share Victoria repudiates modern slavery and has adopted a risk-based approach to combating modern slavery in health service supply chains.

Sedex

Mercy Health uses Sedex tools and services to map our supply chain and assist us in evaluating the risk of modern slavery in our supply chain. Sedex gives us access to information that we would otherwise find difficult to source ourselves.

Stoptline

Mercy Health engaged Stoptline to provide a third-party whistleblower service receiving disclosures of serious misconduct at Mercy Health, including those concerning modern slavery practices in our operations and supply chain. Whistleblowers inside and outside Mercy Health can use a range of technologies – including a website mercyhealth.stoptlinereport.com – to make disclosures. Disclosures may be made anonymously or confidentially, allowing whistleblowers to make them without fear of retribution. The service became operational early in 2023. There have been no reports to date.

BRIDGE THE GAP ANALYSIS

Mercy Health repeated the ACAN 'Bridge the Gap Analysis', which we first undertook in 2019, to identify changes in how our systems deal with modern slavery risks and generate a new heat map of potential system gaps.

An analysis was performed in December 2021 to help establish our agenda for 2022. The analysis showed that:

- dedicated business systems had been established
- detailed procurement policies, guidelines and processes were in place
- progress has been made toward incorporating modern slavery into corporate risk and audit processes
- policies were in place to minimise risk of modern slavery when using labour hire companies.

The analysis showed that further development was required in the following areas:

- systems for treating and managing risk in our immediate and extended supply chains
- monitoring the effectiveness of our actions to reduce the risk of modern slavery in our supply chain
- improving feedback mechanisms and staff engagement
- increasing contractor training and awareness programs.

The Working Group's program for 2022 was informed by identification of those areas as needing improvement.

ENTERPRISE RISK MANAGEMENT

The Mercy Health Board reviews and approves an Enterprise Risk Management Framework annually.

The framework ensures a consistent approach to identifying, evaluating and managing all significant risks across the enterprise.

The risk of modern slavery was expressly embedded in the framework in 2022, as part of the Environmental, Social and Governance risk category. Further to this work, our Enterprise Risk team facilitated an enterprise-level risk-assessment to determine our residual risk of modern slavery and additional actions that may be required to strengthen the overall control environment.

ENGAGEMENT WITH SUPPLIERS

Mercy Health's engagement with suppliers has been informed by a risk-assessment process summarised in the chart below.

Process	1. Risk Stratify Inventory	2. Risk Based Engagement	3. Appropriate Remediation
Risk Management Activities	Maintain inventory of suppliers with information regarding their potential Modern Slavery Risk (High, Medium or Low) (ACAN Risk Taxonomy)	Assess the level of Strategic and Value Impact of the high risk supplier (ACAN Supplier Engagement Strategy)	Where instances of modern slavery are identified a prioritised risk management approach is taken: i. Modern slavery risk is caused by our Entity ii. Contributed by our Entity iii. Directly linked to our Entity
		Develop Engagement Strategy based on the Strategic / Value impact of the high risk supplier. (ACAN Supplier Engagement Strategy)	
Scope	Mercy Operations; Suppliers / Vendors and their Suppliers; Emerging Suppliers		
Foundation	Core Internal Controls; ACAN Supplier Engagement Strategy; ACAN Risk Taxonomy; Modern Slavery Act 2018		
Objective	Care First: We will care for, and about, marginalised and disadvantaged groups.		

SUPPLIER ACTIONS TO ADDRESS RISK

Building on that work, we have continued engagement with 24 of the 28 significant suppliers identified in 2019 and identified two additional significant suppliers. The other four suppliers no longer supply Mercy Health.

We requested those significant suppliers to update their responses to the previous supplier questionnaire and initiated meetings to review areas that had not shown improvement.

From the response to these questions, a *residual risk rating* (high, medium, low) was assigned based on the remaining risk in the supply chain having considered the steps they were taking to assess and address the risk of modern slavery. The resulting information was:

Supplier questionnaire category	Residual risk		
	High	Medium	Low
1. Modern slavery policy and processes	4 ↑	9 ↓	13 ↑
2. Training	5 ↓	11 ↑	10 ↑
3. Risk assessment	7 ↑	9 ↓	10 ↑
4. Supply chain mapping	7 -	12 ↑	7 ↑
5. High-risk services	3 ↓	4 ↑	19 ↑
6. High-risk locations	5 ↓	12 ↑	9 ↑
7. High-risk goods	7 ↓	10 ↑	9 -
8. Grievance mechanisms	8 -	10 ↑	8 -
9. Remedy pathway	10 -	10 ↑	6 -

The arrows indicate whether the result was higher (↑), lower (↓) or showed no change (-) in comparison with 2021. While the result is mixed and the changes small, a comparison between 2022 and 2021 shows that, overall, there was a trend toward improvement.

Suppliers have been working on their own supply chains and education practices to ensure they are identifying forms of modern slavery present in their operations and supply chains. The commitment to Mercy Health's approach to modern slavery by our key suppliers is welcome. Through ongoing partnerships with our suppliers we hope to continue to reduce suppliers' risk levels with the aim that eventually all risks will be assessed as low.

Case study

WORKING WITH SUPPLIERS

Mercy Health had the opportunity in 2022 to work with a supplier following allegations of modern slavery in its supply chain.

Former employees of one of the supplier's downstream manufacturers sued the supplier, alleging that the manufacturer had engaged forced labour and that our supplier should be held liable for the manufacturer's actions.

Following the allegations, Mercy Health representatives from our Procurement and Operations teams sought a meeting with the supplier. In the meeting, the supplier reassured us that they remained committed to meeting their modern slavery obligations and were a founding member of an industry alliance formed to identify, mitigate and prevent manufacturing conditions that contribute to forced labour. The supplier advised that it had implemented requirements in its agreements with suppliers targeting poor recruitment practices and employee passport management, both of which are common aspects of forced labour.

Mercy Health also participated in a meeting with the supplier led by ACAN and a number of other Catholic sector entities. The supplier further reassured the group that it had developed and implemented a recruitment fee reimbursement program to address the use of such fees which tend toward forced labour.

The supplier noted that it does not automatically terminate supply contracts when issues are identified, but aims to influence systemic and cultural change to improve working conditions by working with manufacturers to eliminate modern slavery practices.

At the conclusion of this meeting, ACAN put a series of questions to the supplier to further understand their approach, including auditing and corrective actions, identification of best practice and grievance mechanisms.

A further meeting between ACAN and the supplier was held at the end of 2022 to follow up on these questions. ACAN reported a pleasing level of engagement but will continue to monitor the supplier's actions.

INVESTMENT

Mercy Health (including the Foundation) invests in accordance with Mercy Health's Investment Management Policy, which has included ethical investment guidelines since at least 2019.

Mercy Health's Investment Management Policy and its ethical guidelines frame our approach to ethical considerations in investing. We seek to invest in companies that promote human welfare, dignity and respect, and the general good.

We avoid, limit or minimise investments in companies whose products, services or practices are contrary to Mercy Health values or teachings of the Catholic Church, cause or perpetuate injustice and suffering, or infringe human rights. We also exclude investments in companies where their practices are unacceptable from a human rights or modern slavery perspective.

External investment advisors engaged by the Foundation are required to comply with our policy, including ethical guidelines relating to modern slavery, when providing us with advice or investing on our behalf.

INTERNAL EDUCATION AND AWARENESS

Mercy Health has continued to promote internal education and awareness of modern slavery.

We are continuing to deliver online training using ACAN modules for the Working Group and relevant business units (procurement, information technology, finance and property).

We have targeted training toward the most relevant staff within Mercy Health. In particular, we invited directors on the Mercy Health Board, the executive team and our health and aged care leadership teams to complete ACAN's 'Modern Slavery 101' training module. In addition, the module was made available to all Mercy Health staff via our online education platform toward the end of 2021.

We published two posts on Mercy Health's internal collaboration platform, Workplace, to inform our staff about the work Mercy Health is doing to address the risk of modern slavery and the availability of the Modern Slavery 101 module on our e-learning platform.

SUPPLIER EDUCATION AND AWARENESS

We continued our approach of engaging suppliers during tendering and contract formation processes to give a commitment to our Supplier Code of Conduct Policy, which includes modern slavery requirements. We now have 180 suppliers that have committed to the policy, an increase from 146 in 2021.

Mercy Health invited suppliers to attend a webinar for suppliers to Catholic entities presented by ACAN which covered modern slavery risks, expectations of suppliers to cooperate in modern slavery risk management and ways for suppliers to build internal capacity. ACAN have advised that eight suppliers attended the webinar across two dates.

We also encouraged our suppliers to educate themselves about modern slavery.

COMMUNITY AWARENESS

To promote awareness of modern slavery and Mercy Health's efforts to overcome it, we placed the Mercy Health Modern Slavery Statement 2021 on the Mercy Health website along with a summary.

We published a post on social media on the second of December, the International Day for the Abolition of Slavery, to inform our patients, residents and clients about our efforts to address the risk of modern slavery and share a link to our 2021 modern slavery statement.

REMEDIATION

Mercy Health is committed to ensuring we provide appropriate and timely remedies to people affected by modern slavery.

Mercy Health is a founding partner of Domus 8.7, an independent program providing a remedy and confidential advice to people affected by modern slavery.

Domus 8.7 will triage cases and refer victims to internal or external specialists who can provide support, advice and assistance regarding legal, social, and human rights responses to cases of modern slavery. It will also partner with international organizations to ensure supply chain remedial action and prevention is available.

By collaborating with Domus 8.7, Mercy Health can help people affected by modern slavery achieve meaningful outcomes.

IMPACT OF COVID-19

The COVID-19 pandemic continued in 2022 to have an impact on our employees, the people we serve and our supply chains.

Impacts were seen in critical product supply chains in our hospitals. These challenges have mainly been due to COVID-19 outbreaks in manufacturing countries, but also interruptions to shipping routes, fuel prices and the war in Ukraine. After difficulties early in 2022, our regular suppliers are returning to normal operations.

Despite these ongoing issues, we noticed a decline in the degree of impact of COVID-19 compared with the previous two years.

ASSESSMENT OF OUR EFFECTIVENESS

MECHANISMS

The Modern Slavery and Ethical Purchasing Working Group continues to meet three-to-four times per year and reviews the actions Mercy Health is taking in addressing the risk of modern slavery in our operations and supply chain.

The annual ACAN 'Gap Analysis' (as above) provides an annual structured assessment of the effectiveness of our actions, and is scheduled to be undertaken again in 2023.

The Working Group commenced providing the minutes of its meetings to the Mercy Health executive in 2022 to allow ongoing oversight of its activities.

SUMMARY OF ACHIEVEMENTS IN 2022

During 2022, Mercy Health embarked on the following:

1. Improving systems for treating and managing risk in our supply chains.
 - New suppliers being onboarded by Procurement were required to participate in modern slavery processes and complete a modern slavery questionnaire.
 - An enterprise level risk assessment was commenced to determine the level of residual risk and actions required to address that risk.
2. Monitoring the effectiveness of actions to reduce the risk of modern slavery in our supply chain.
 - Working Group meetings were held quarterly and considered actions being taken by Mercy Health to reduce modern slavery risks.
 - Working Group meeting minutes were tabled with the Executive.
3. Improving feedback mechanisms and staff engagement.
 - Mercy Health continued encouraging staff to complete ACAN's Modern Slavery 101 training.
 - Mercy Health worked on establishing a feedback mechanism for allegations of modern slavery in our operations or supply chain through an external whistleblower service, to become operative in 2023.
4. Increasing contractor training and awareness programs.
 - Mercy Health offered training to approximately 260 suppliers to assist them in gaining understanding of the Mercy Health and ACAN's approach to modern slavery.
 - Suppliers have been provided with links to ACAN modern slavery webinars.

CONSULTATION WITHIN MERCY HEALTH

The entities owned or controlled by Mercy Health Australia Ltd were consulted in the preparation of this statement as follows:

- The Mercy Health Board was briefed on progress and approved the giving of this statement.
- Foundation staff were consulted and provided a draft statement.
- Members of the management team involved in the Working Group work across all entities that constitute Mercy Health.

Neither Mercy Hospitals Victoria Ltd nor Mercy Aged and Community Care Ltd own or control any other entities.

APPROVAL

This statement was approved by the Board of Mercy Health Australia Ltd in its own right and as the parent entity of Mercy Hospitals Victoria Ltd and Mercy Aged and Community Care Ltd, at its meeting on 9 May 2023.

A handwritten signature in black ink, reading "Virginia Bourke". The signature is fluid and cursive, with the first name "Virginia" written in a larger, more prominent script than the surname "Bourke".

Virginia Bourke

Chair, Mercy Health Australia Ltd



For more information:

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mercyhealth.com.au



Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders past, present and emerging.



Mercy Health

Care first