



ANNUAL REPORT

2024-25

Our Vision

A world class healthcare system centered on consumers and communities.

Our Values

Working Together | Respect | Commitment to Excellence | Trust and Integrity | Daring

Acknowledgement of Country

The Consumers Health Forum of Australia acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders both past and present.

Consumer Recognition Statement

We acknowledge and deeply respect the lived and living experiences of health consumers, carers, families, and communities across Australia.

We recognise the right of every person to equitable access to healthcare, regardless of their background or circumstances.

We value the lived experience expertise and personal commitment of consumer health advocates working to influence change.

We seek to elevate the voices of those who have navigated the complexities of the health system and partner with them to drive meaningful and inclusive change.

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Board Chair Reflection



As we close out another transformative year at the Consumers Health Forum of Australia, I am proud to reflect on the advocacy we drove, the growth we experienced and the meaningful change we helped create.

The 2025 Federal Election was a pivotal period, where CHF fiercely advocated for a more accessible, equitable and affordable healthcare system. Our engagement with political stakeholders helped elevate key priorities, and we welcomed several wins in the 2025-26 Budget, including increased investment in primary care, reduced PBS co-payments and targeted funding for women's health. We remain acutely aware of the gaps that remain in other areas, including specialist and oral health, and CHF will keep pushing for funding and reform.

A standout achievement this year was the launch of the Coalition for Preventive Health, uniting nearly 20 organisations to push for stronger investment in prevention. Our Members and sector partners consistently emphasise the need for increased funding in preventive health, and we were proud to play a pivotal role in the formation of this Coalition and showcase the

power of collective advocacy to drive lasting change and embed prevention at the core of our health system.

To our Members — thank you. Your support and commitment to better health outcomes shape our work and fuel our advocacy.

I want to thank and acknowledge my fellow Board Directors for their leadership, passion and dedication, particularly Jan Donovan, who will also be stepping down as a Board Director after an incredible 11 years of leadership.

As I step down as Board Chair, I am honoured to reflect, not only on the past year, but on my 15 year ten year journey with CHF, 10 of which I have been the Chair. In that time we have grown from a respected advocacy body into a leading force for national health policy reform. I am proud of the legacy we have built, and excited for the next chapter in CHF's story.

A handwritten signature in dark ink, appearing to read 'Tony Lawson'.

Tony Lawson
Chair, CHF Board

Chief Executive Officer Reflection



Nothing about us without us rings as true today as it did when it was first used five hundred years ago. This past year has full of conversations; always honest, and sometimes uncomfortable. At every step, we've kept our focus on what matters most: putting consumer voices at the centre of our work and pushing for a health system that delivers on health consumers' expectations.

Thank you for trusting us with your experiences, your expertise, and your stories. We've listened. We've acted. And we can feel the momentum building.

We welcomed the rollout of 60-day dispensing. It saves people money on medicines and cuts down unnecessary GP visits. Alongside it, we've kept pressing for automation of the PBS Safety Net, so that savings are simpler and fairer for everyone.

Strengthening Medicare has remained a core focus. We've called for more affordable healthcare, better access to primary care, and real access to specialist care. Through the National Consumer Sentiment Survey, the first of four in a new series, we've started to map, in consumers' own words, what Australians need and expect from their health system.

This year also marked the launch of the Consumer Assembly: twenty people who reflect the diversity of our communities and who now advise,

guide, and strengthen CHF's work. And as AI scribes enter clinics, we've stepped up as a clear voice. We've raised the questions about consent, accuracy and governance that health consumers expect us to ask.

I want to acknowledge and thank Tony Lawson, our outgoing Board Chair. His leadership has been central to guiding CHF through growth and transformation. His commitment has helped shape CHF into the strong, consumer-centred organisation you see today. I would also like to thank everyone who has supported CHF's mission; the CHF Board, our wonderful staff, our committed Members, our Departmental colleagues and sector partners.

Health consumers expectations are clear. We want a health system that is safe, affordable and equitable, one that gives every consumer access to essential care, and agency in the decisions that shape their health. We know change doesn't happen alone. With your voices alongside ours, CHF will keep advocating for a health system that delivers. Thank you for standing with us.

A handwritten signature in black ink, appearing to read 'EMD', with a stylized flourish at the end.

Dr Elizabeth Deveny
Chief Executive Officer

About CHF



The Consumers Health Forum of Australia (CHF) is the national peak body representing health consumers.

CHF can trace its beginnings to the 1980s when, following a petition to the Minister of Health, a review of community participation was undertaken by the Federal Department of Health. The recommendation to establish a Health Forum comprising community and consumer groups emerged during a pivotal moment when the global and national response to HIV, and the discrimination faced by people with AIDS, ignited powerful, community-led advocacy. This grew into a broader health consumer movement.

Today, CHF has 84 Members, including advocacy groups, disease-based consumer organisations and professional bodies, representing millions of Australians. The insights and perspectives these diverse organisations offer assist CHF to provide appropriate and well-informed advice and advocacy to government and other decision makers.

Together with consumers and Member Organisations, CHF works to ensure healthcare in Australia is accessible, affordable and safe. Primarily funded by the Australian Government's Department of Health, Disability and Ageing, CHF's efforts are focused on the accessibility and affordability of primary health care services, medicines, health literacy, digital health and prevention.

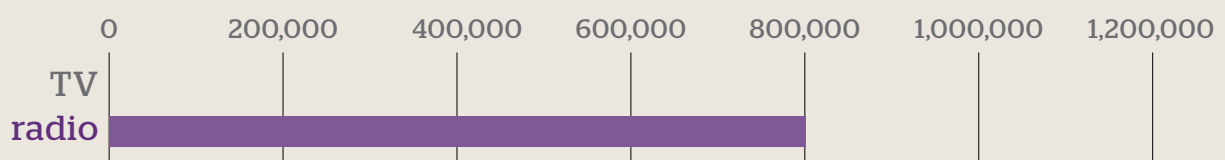
CHF has harnessed consumer and community insights to drive lasting improvements in the Australian health system. As the truly independent voice of health consumers, free from sector commercial funding and governed by a Board elected by its Member organisations, CHF brings credibility, integrity and fearless advocacy to the table. Our voting Members reflect the communities we serve, ensuring our priorities are grounded in lived experience. This independence is not just a principle - it's the foundation of our influence and the reason we're both respected and, at times, feared in policy circles.

CHF has offices in Canberra and Melbourne and is a registered charity with the Australian Charities and not-for-profits Commission.

CHF in Action

Election Media Coverage - Audience reach 1,929,500 over 3 days

Cumulative potential audience reach by media type for selected coverage period.



Working Together Respect Commitment to Excellence Trust and Integrity Daring



Our Board



Tony Lawson
Chair



Rowan Cockerell
Deputy Chair



Jan Donovan
*Finance Audit, Risk
Committee Chair*



**Adjunct Professor
Darryl O'Donnell**
*Governance
Committee Chair*



Louise Hardy
Director



Scott Harlum
Director



Gloria Jacob
Director



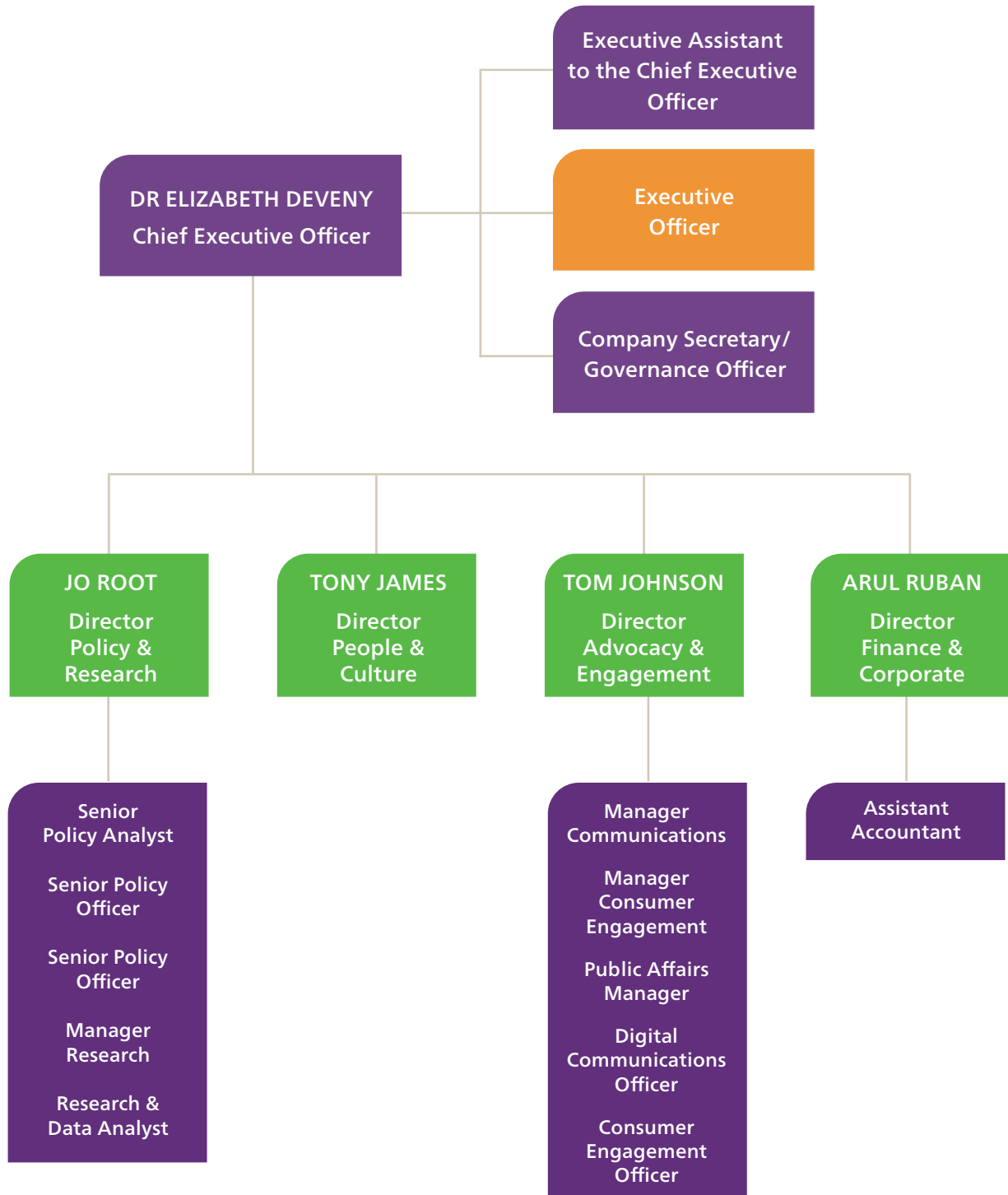
Minh Nguyen
Director



Christine Walker
Director

Biographies of CHF Board Directors can be found in the Financial Accounts, on page 19

Organisational Structure



2024-25 in Review



The Coalition for Preventative Health

The Coalition for Preventative Health Funding was launched in November 2024 at Parliament House. An alliance of nearly 20 consumer health organisations came together with a shared and united purpose: to advocate for stronger investment in preventative health across Australia.

The establishment of the Coalition marked a pivotal moment in health policy advocacy and demonstrated the sector's ability to mobilise, collaborate and present a strong voice to government. Calling for a commitment to allocate five per cent of the national health budget to prevention. This initiative not only amplified the consumer voices but also lay the groundwork for more community-driven, equitable and effective health strategies.

The Coalition jointly agreed on four key asks, reflecting a strategic and inclusive approach to reform:

- The Australian Government and the 48th Parliament commit to five per cent of the health budget being spent on prevention.
- The Coalition is engaged in a co-design and advisory capacity about how the funding should be spent.
- The five per cent of funding flows through to Coalition Members to do prevention work with their communities.
- The Commonwealth fund a Secretariat component to help administer the Coalition.

By centring consumer voices and community needs, the Coalition is helping shift the narrative from reactive healthcare to proactive wellness and showcased the power of collective action and strategic advocacy.

The initiative received bipartisan support and helped to emphasise that prevention is key to improving outcomes, reducing cost and supporting more proactive, consumer-led health solutions.

60-Day Dispensing and PBS

CHF welcomed the Australian Government's decision to freeze the maximum amount people will pay to fill a PBS prescription.

On 1 January 2025, for the first time in more than 25 years, the maximum amount people pay for PBS medicines didn't rise with inflation, marking a win for all Australians.

In partnership with the Department of Health and Aged Care, CHF also co-hosted a national webinar to help Australians reduce out-of-pocket medication costs.

Dr Elizabeth Deveny, CEO, along with Kirsten Eustace, Consumer Advocate, shared insights on the 60-day prescription program and other cost-saving initiatives. The session covered 60-Day Dispensing, the PBS Safety Net, and the need for automated tracking. It highlighted CHF's commitment to consumer education, affordability, and reform, and the vital role of lived experience in shaping national health policy.

CHF has been right behind this reform, helping to spread the word through webinars and public events. Consumers have responded positively, sharing how the program is making a real difference, helping them stay on top of their household budgets and stick to their medication routines more easily.

2025 Federal Election

In the lead-up to the 2025 federal election, CHF launched a comprehensive advocacy campaign to ensure that healthcare reform remained a central issue for voters and policymakers alike. CHF's Election 2025 Priorities document was developed through extensive consultation with both individual consumers and Member organisations, reflecting a shared vision for a more equitable, accessible and consumer-focused healthcare system.

These include increasing bulk billing incentives, automating the PBS Safety Net, expanding access to dental care under Medicare and

CHF in Action

6



webinars



reforming specialist referral pathways to reduce unnecessary barriers to care. CHF also called for stronger investment in consumer health organisations and the formal recognition of consumer voices in policy development.

Throughout the campaign, CHF actively engaged with consumers, Members, MP's, media and the public to amplify these priorities. The organisation's advocacy helped shift the national conversation, highlighting the urgent need for a healthcare system that is not only affordable and accessible, but also responsive to the real-life experiences of Australians.

Federal Budget 2025

The Consumers Health Forum of Australia played a pivotal role in shaping the 2025 Federal Budget, ensuring that the voices of health consumers were front and centre in national policy decisions. Through extensive consultation with Members and stakeholders, CHF developed a robust budget submission that called for practical reforms to improve affordability, accessibility, and agency in healthcare.

As mentioned in the previous section, one of the most notable outcomes was the Government's commitment to reducing the PBS co-payment to \$25, and a major investment in primary care to improve access and affordability for Australians. However, CHF's advocacy extended beyond immediate cost relief. The organisation pushed for systemic reforms, including automation of the PBS Safety Net, expansion of oral healthcare under Medicare, and improved referral pathways to specialists. While some of these areas saw progress, CHF also highlighted gaps in the Budget—such as insufficient investment in specialist care, allied health services, and climate-related health planning.

Importantly, CHF's work ensured that consumer perspectives were not only heard but acted upon. The organisation's influence was evident in the alignment between its budget priorities and the Government's announcements, demonstrating the power of coordinated, consumer-led advocacy in driving health reform.

CHF in Action

50 
associate
organisational
Members

34 
voting
organisational
Members

56 
individual
Members


**The first ever
Consumer
Assembly
Meeting was
held in June!**

CHF in Action

5



Consumer Roundtables



Consumer Roundtables

In 2024-25 CHF hosted five, in-depth consumer consultation roundtables getting consumer insights, experiences and views into the following areas:

- The funding and incentive structure for General Practice care in the Primary Healthcare system, including proposed changes.
- Consumer preferences in healthcare decision making and experiences in receiving healthcare, including difference based on geographic location.
- Experiences and views on suitability of the Medicare Benefits Scheme (MBS) "Time Tiered" approach for funding accessible, affordable and timely primary healthcare.
- Consumer experience with and attitudes towards using digital technologies in healthcare, including wearables and AI (Artificial Intelligence).
- "Checking In" as to whether consumers' attitudes towards data sharing, secondary usage, privacy and consent in the primary healthcare space have changed since CHF previously investigated consumers attitudes in these areas.

For each of these events, CHF was able to gather a broad and engaged group of consumers from our networks who shared

important and valuable observations based on their own lived experience.

Each of these roundtables generated a report directly to a relevant area of the Department of Health and Aged Care and fed into their broader policy development and review processes.

National Consumer Sentiment Survey

CHF is funded to lead national consumer engagement in Strengthening Medicare reforms through the design and completion of four annual national consumer sentiment surveys on primary care, which aims to provide valuable insights into the needs and preferences of consumers.

The inaugural survey was conducted in 2024-25, was completed with its findings delivered, offering critical insights into consumer perspectives. The second survey, was also conducted in 2024-25 has been finalised, with its results to be released in the 2025-26 financial year.

The surveys explored consumer views on Australia's healthcare system, awareness and use of services such as MyMedicare and My Health Record, and experiences accessing care across various settings.

The results from the surveys will inform policy and service design decisions to improve the quality of primary care services and support consumers to engage in policy and service design processes and ensure that the perspectives and needs of consumers are considered in the design and implementation of Strengthening Medicare Budget measures.

Consumer input into the National Acute and Primary Care Data Linkage Project

CHF was engaged by the Victorian Department of Health (eHealth branch) to facilitate consumer input into the design of the National Primary and Acute Care Data Linkage Project. The National Project is seeking to join de-identified patient data from general practices (primary care) with data from hospitals (acute care) to understand how patients access and use health services, to improve patient care and healthcare planning across and between the two systems.

CHF conducted a series of roundtable discussions with Victorian consumers from diverse backgrounds to hear their views on data sharing, consent, access to information, how to involve consumers in implementation of the project, and the specific needs of diverse cohorts. These discussions led to the development of a final report. The report included a series of recommendations that outlined what consumers need to feel safe, confident and informed, making them more likely to support the project and agree to their data being used and shared. CHF also recruited three consumers to sit on and contribute to the Victorian Consultation Group for this project.

"The opportunity to have ongoing [consumer] input was something that was seen as important by those overseeing the project, which was demonstrated by the national consumer engagement forum that was established." – Brendan, Consumer

CHF in Action

15k

followers across social media, with plans to re-launch Instagram and launch TikTok in 2025-26!



3,516 views



1,622 views



9,691 views



6,600 views

4



Talks events

Powering Through, Vaping reforms, AI in Healthcare and Consumers in Research

Establishment of the Consumer Assembly

In 2024-25, CHF successfully established the Consumer Assembly; a diverse and dynamic advisory group designed to elevate the voice of lived experience in health policy and advocacy. Following an overwhelming response to the Expression of Interest process, with over 120 applications for just 20 positions, members were selected for their lived experience and commitment to improving the healthcare system.

The Assembly also reflects the diversity of the Australian community, including representation from First Nations, disability, culturally and linguistically diverse backgrounds, LGBTIQ+ communities, youth, older adults and people living in rural and remote areas. The first meeting was held in June 2025, with an additional four meetings scheduled for the 2025-26 year.

This initiative reinforces CHF's commitment to consumer-led advocacy and inclusive leadership, ensuring that health reforms are shaped by those most affected. Moving forward, the Assembly will play a vital role in informing CHF's work, contributing insights to policy submissions, educational resources, consumer development projects and health professional tools.

Regional Healthcare Access and Equity

Over the course of the last financial year, CHF met with consumers, Members and sector leaders in Sydney, Perth, Hobart, Burnie and Launceston to hear directly what's happening on the ground. Affordability and access were raised everywhere, but outside the big cities the issue was often more dire: the service simply wasn't there. In these settings, cost is irrelevant if no care is available.

First Nations and Culturally and Linguistically Diverse (CALD) communities highlighted structural barriers, with racism called out a major impediment to ongoing care. Services built around a narrow, one-size-fits-all idea of the consumer were also raised as critical failings. People told CHF that systems assume a certain kind of patient with certain skills, and those who don't fit are left behind.

Digital access was another recurring issue. Unreliable internet doesn't just block telehealth; it shuts people out of the full shift to digital healthcare, from My Health Record to e-prescriptions and AI-enabled services. Unless governments design with diversity and local realities in mind, policy will continue to reflect an imagined cardboard-cutout consumer, not the communities actually living across the nation.

CHF in Action



A brand-new website

33k
views and over

11k
users

Ensuring ethical integration of AI in healthcare

As digital innovation continues to reshape healthcare, CHF has taken a proactive approach to ensure that emerging technologies, including generative AI, are implemented in ways that respect, inform and empower health consumers. One of the key issues CHF addressed during the year was the growing use of AI scribes in general practice, which automatically transcribe consultations between doctors and patients.

While these tools offer clear benefits for clinicians, such as reducing administrative burden and improving focus during consultations, CHF highlighted the complexities and risks from the consumer perspective. Concerns around informed consent, data accuracy, and transparency were central to CHF's advocacy. Many consumers reported not being adequately informed about the use of AI scribes, or feeling unable to decline their use during appointments.

CHF advocated for national standards, clear opt-out policies and co-designed governance frameworks that include consumers, clinicians, privacy experts and policymakers. The organisation also stressed the importance of public education, ensuring that consumers understand how AI is used in their care and what questions they should ask to make informed decisions.

Dr Elizabeth Deveny, CEO, has spoken to multiple media outlets on this issue, and continues to be a sought-after spokesperson on this issue, pushing for the ethical, inclusive and transparent implementation and use of AI in healthcare.

Advocating for equity in oral health care

Over the past year, CHF has continued to advocate for improved access to affordable and integrated dental and oral health care. CHF has called for key reforms, including the establishment of a Chief Dental and Oral Health Officer, integration of dental care into primary health services and a Seniors Dental Benefit scheme to address equity gaps.

The Australian Government's response to the Senate Select Committee's dental report, was disappointing to CHF, noting the lack of immediate action or funding despite broad support for its recommendations. CHF has also pushed for clearer NDIS oral health guidance, a National Oral Health Plan, and targeted strategies to reduce service inequities for First Nations, rural and remote communities. As a Member of the National Oral Health Alliance, CHF supports calls for a universal dental care scheme and increased government investment, and continues to advocate for Medicare inclusion, improved aged care dental services, and stronger oral health literacy programs.

CHF in Action

We're a hot
topic, and
featured
in over
150
media
stories



NEWS

7 NEWS



THE PROJECT

THE AUSTRALIAN

30

editions of
Consumer Voices
newsletter with
over 4,000
subscribers



Our Members

CHF represents a diverse number of health consumer organisations and peak bodies united by a shared commitment to better health outcomes for all Australians.

We are grateful for our Members and are proud to amplify their voice and support their advocacy.

CHF Voting Organisational Members (as at 30 June 2025)

Arthritis Australia	Health Consumer Advocacy Network
Breast Cancer Network Australia	Health Consumers Council
Cancer Voices NSW	Health Consumers NSW
Chronic Pain Australia	Health Consumers Queensland
Continence Health Australia	Health Consumers Tasmania
COTA For Older Australians	Health Equity Matters
Crohn's & Colitis Australia	Hepatitis Australia
Dementia Australia	Immune Deficiencies Foundation Australia
Diabetes Australia	Macular Disease Foundation Australia
Emerge Australia	ME/CFS/FM
Federation of Ethnic Communities' Councils of Australia	National Association of People with HIV Australia
Genetic Alliance Australia	National Mental Health Consumer Alliance
Haemochromatosis Australia	Parkinson's Australia
Health Care Consumers	Rare Voices Australia
	Stroke Foundation

CHF Associate Organisational Members (as at 30 June 2025)

Association of Independent Retirees.	Health Bones Australia
Asthma Australia	Institution for Health Transformation
ausEE Inc.	LGBTIQ+ Health Australia
Australasian Sonographers Association	Liver Foundation
Australian Association of Practice Management	Melbourne Academic Centre for Health
Australian College of Nurse Practitioners	Myalgic Encephalomyelitis Group Australia
Australian Council of Healthcare Standards	National Asthma Council Australia
Australian General Practice Accreditation Limited	National Breast Cancer Foundation
Australian Health Research Alliance	Nepean GP Network
Australian Nursing & Midwifery Federation	Older Persons Advocacy Network
Australian Pathology	Optometry Australia
Australian Primary Health Care Nurses Association	Orygen
Bass Coast Health	Patient Voice Initiative
Cancer Council Australia	Pharmaceutical Society of Australia
Cancer Voices Australia	Royal College of Pathologists of Australasia
Consumer & Community Involvement Program	Services for Australian Rural & Remote Allied Health
Consumer Healthcare Products Australia	Thalassaemia & Sickle Cell Australia
Endometriosis Australia	The Royal Australasian College of Physicians
Exercise & Sports Science Australia	Torres & Cape Hospital & Health Services
Fabry Australia	
Headspace	

FINANCIAL ACCOUNTS

For the year ending 30 June 2025

Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

Financial Statements For the Year Ended 30 June 2025

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CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
ABN 82 146 988 927

DIRECTORS' REPORT
FOR THE YEAR ENDED 30 JUNE 2025

The Directors present their report on the company for the financial year ended 30 June 2025.

Directors

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

Names	Position	Elected/Appointed/Term Concluded
Tony Lawson	Director, Chair	
Rowan Cockerell	Director, Deputy Chair	
Ros Chataway	Director	Final Term Concluded (October 2024)
Jan Donovan	Director, FARM Chair	
Louise Hardy	Director	Appointed (October 2024)
Scott Harlum	Director	Elected (October 2024)
Gloria Jacob	Director	Elected (October 2024)
Minh Nguyen	Director	Appointed (October 2024)
Darryl O'Donnell	Director, GOV Chair	
Christine Walker	Director	
Jo Watson	Director	Final Term Concluded (October 2024)
Allison Willis	Director	Term Concluded (October 2024)

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 activities of Consumers Health Forum of Australia Ltd (CHF) during the financial year were to provide information, representation, and advocacy on national health issues for its membership of health consumer organisations. No significant changes in the nature of the company's activities occurred during the financial year.

Our purpose and role

We are Australia's sole peak body representing all health consumers. With our members, we activate and support consumer participation and advocate for consumers' interests, on 3 key issues:

- Consumers understanding the factors that affect their health
- Care being easy to use because it is integrated and accessible
- Safety and quality of care that meets consumer expectations

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2025

Our strategic objectives

We work towards a consumer-focused health system by focusing efforts on three objectives

Objective One - Consumers leading health:

In order to strengthen meaningful, authentic, and valid consumer participation and leadership at all levels of the health system. We will build consumers' capabilities and shape norms relating to consumer engagement

Objective Two - Advocating for impact:

In order to set, and contribute to, agendas and solutions for a consumer-centred health system. We will draw from consumer insights to make credible, authoritative, and influential contributions to national policy and system design

Objective Three - An adaptable and visible organisation :

In order to maintain and grow strong member support and capacity to enact desired change. We will strengthen our organisational resilience, agility, and capacity.

Information on Directors

Current Directors:

Tony Lawson

Chair

Experience

Tony has been a member of the CHF Board since 2010 and Chair since 2014. He was re-elected as Chair at the November 2022 Board meeting. Tony strives to operate at strategic levels in policy forums and meetings conducted by and with CHF, always promoting enhanced consumer participation and engagement in every encounter. Tony continues to ensure the development and maintenance of sound, respectful and productive relationships with key stakeholders. Tony also seeks to make strong contributions to health consumer matters in other settings.

Tony has managed a number of not-for-profit organisations and was Chair of the SA peak consumer health body for six years. Tony has extensive experience in managing and implementing governance frameworks in a diverse range of organisations both as a leader and independent adviser. He has undertaken many health consumer participation projects and produced many reports and published articles on health issues. He was also Chair, Statewide Palliative Care Board of Governors, The Hospital Research Foundation Group, and Deputy Chair of the Project Advisory Committee of a 5 year Collaborative Statewide Palliative Care Research Program.

Overall, he has been involved at the highest levels in consumer health for over two decades and continues to strive to provide decisive and strategic leadership to CHF representing the interests of Australian healthcare consumers. In 2024 Tony was awarded the President of the Australian Council on Healthcare Standards Award for Outstanding Contribution to safety and quality in health care.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2025

Rowan Cockerell

Deputy Chair

Experience

Rowan was first elected to the Consumer Health Forum Board in 2014. She has been a committee member of the Governance Committee and Finance, Audit and Risk Management Committee for the same period of time. Over a span of 40 years, Rowan has held senior management positions in both clinical and executive leadership roles across acute care, community services, aged care, primary health service development projects and oversight of the delivery of government funded health initiatives.

Rowan is a dedicated advocate for improving health policy and programs for consumers including understanding the consumer journey, including access to, and engagement with, health care services. She is passionate about contributing to influencing future policy reforms for equitable access to sustainable health care.

Rowan has a Ministerial appointment to the Aged Care Advisory Committee reporting to the Independent Health and Aged Care Pricing Authority. Rowan's background is in nursing, and has furthered her education with a Masters of Business Administration. Additionally, Rowan is a graduate of the Australian Institute of Company Directors.

Jan Donovan

FARM Committee Chair

Experience

Jan was appointed to the CHF Board in 2014 and reappointed in 2017, 2020 and 2022.

She Chairs the Finance, Audit and Risk Committee (FARM). Her experience includes public policy, strategy, and governance at Board level. She served for nine years (1998- 2007) as a member of the Board of the National Prescribing Service (NPS Medicinewise) and five years (2005-2009) as a member of the Board of the Australian Primary Health Care Research Institute at ANU. She has recently been appointed to the board of the Friends of St Teresa Nzara Hospital in South Sudan (STTN.org).

Jan participates in National Policy Forums at the strategic level and has done so for four decades including eight years with Council on the Ageing and six years in the role of National Policy Officer. She was appointed by the Minister for Health to the Review of the National Medicines Policy in 2021 and 2022. Jan is a passionate advocate for addressing health equity and the social determinants of health with a focus on people with chronic illness and disability. She has a strong interest in access to primary health care, the national medicines policy, health literacy, mental health and women's health, indigenous health and ageing. She is currently a member of the MBS Review Advisory Committee (MRAC) and the Health Technology Assessment Consumer Consultative Committee (HTACCC).

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' REPORT
FOR THE YEAR ENDED 30 JUNE 2025

Jan chairs the Community Reference Council of the Turner Institute for Brain and Mental Health at Monash University and the Project Steering Committee for the NSW Government-Sponsored Clinical Trial: Management of Urinary Tract Infections, Oral Contraceptives and Dermatological conditions by Community Pharmacists at the University of Newcastle. Jan is also a consumer member of the Centre for Excellence in

Medicines Intelligence at University of NSW and a member of the Australian Institute for Health and Welfare's Primary Health Care Committee.

Jan has secondary teaching qualifications and her experience in education includes teaching in Papua New Guinea and Timor Leste. She has a graduate diploma in public policy..

Darryl O'Donnell

Governance Committee Chair

Experience

Darryl is a seasoned health leader with 30 years' experience in community, government, research and private sector roles. As Principal and Director of Praxis Insights, he provides consultancy services to health and social services organisations in areas including leadership, strategy and organisational culture and change.

He is a Council Member of the National Health and Medical Research Council (NHMRC), an appointment that recognises his expertise in public health. He is Chair of the inaugural NHMRC and Medical Research Futures Fund Public Health and Health Systems Committee. He is also a member of the Podiatry Board of Australia, its Registrations and Notifications Committee and the Australian Health Practitioner Registration Agency's Finance, Audit and Risk Management Committee.

He has led transformative initiatives in HIV and mental health across government and community sectors. As CEO of Health Equity Matters he led Australia's HIV response, brokering reforms that halved incidence and put Australia on track to end HIV transmission. His experience includes roles on ministerial and intergovernmental committees, directorships with not-for-profit organisations. Darryl has also worked extensively with multilateral organisations and led global health partnerships with community organisations and government in Asia and the Pacific.

He is an Adjunct Professor with the University of NSW, a Fellow of the Governance Institute of Australia and a Graduate of the Australian Institute of Company Directors.

Darryl was elected to the CHF Board in October 2023 and chairs the Board's Governance Committee.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' REPORT
FOR THE YEAR ENDED 30 JUNE 2025

Louise Hardy

Director

Experience

Louise has over 15 years of health sector experience, spanning roles in regulation, operations, and policy and advocacy across government, membership organisations and charities.

She is currently the interim CEO at Arthritis Australia, following almost four years as Director of Policy and Advocacy, working closely with its Consumer Advisory Panel. Louise drives advocacy on behalf of people living with arthritis, with successful outcomes including Commonwealth budget funding for Arthritis Australia's juvenile arthritis kids' camps, and the delivery of over \$4 million in grant projects.

She has completed the AICD Governance Foundations for Not-For-Profit Directors course and has been an appointed representative to the TGA's Medical Devices Consumer Working Group, and the National Living Evidence Covid Guidelines Steering Committee.

Scott Harlum

Director

Experience

Scott Harlum brings a range of professional experience to the role of CHF Director, including in senior public health policy roles with the National Public Health Partnership and the Chief Health Officer of Queensland, as a former journalist, as Brand Manager for a multinational agricultural company, and with a large member-based not-for-profit organisation in NSW.

Diagnosed with chronic kidney disease at a young age, enduring long waits on kidney haemo-dialysis prior to each of his two kidney transplants, then diagnosed with HIV in 2015, Scott's lived experience equips him with a broad perspective on issues impacting health consumers.

Scott is the current President of the National Association of People with HIV Australia (NAPWHA), the national peak organisation representing people with HIV. NAPWHA's membership of national networks and state-based people living with HIV organisations reflects the diverse make-up of the HIV-positive community and enables NAPWHA to confidently represent the HIV+ voice. A dedicated community leader, Scott's advocacy for health consumers is firmly grounded in the principles of meaningful involvement, person-centred care and the 'nothing about us without us' ethos which sits at the heart of Australia's world-leading HIV response.

In addition to his roles with CHF and NAPWHA, Scott also serves as a Director of Health Equity Matters (formerly the Australian Federation of AIDS Organisations), and has served at a high level advocating the interests of health consumers, including as a Member of the Health Minister's HIV Taskforce in 2023, which set Australia on a course to be the first nation in the world to achieve the 'virtual elimination' of HIV transmissions by 2030.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2025

Gloria Jacob

Director

Experience

Gloria Jacob has served on various Boards and Committees for the past 40 years, has extensive experience and a strong understanding of the importance of good governance, risk, sustainability and accountability. She has worked across various industries including Sports and Youth progressing onto Business, Mining, Environment, and in recent decades Regional Development, Local Government, Health and Education.

Gloria is a former enrolled nurse and a local business owner of 30 years, operating Hedland Home Hardware & Garden that has provided high levels of training and programs in Business Management, Marketing and Promotions, Advertising and Customer Service.

Her diverse background across Regional Development, Local Government, Health, Education, Business, and Environment equips her to support CHF's focus areas, particularly in safety, quality, consumer participation, primary and integrated care reform, prevention, health financing, and policy reform.

Minh Nguyen

Director

Experience

Minh is a seasoned governance professional with extensive board experience across not-for-profit and community organisations. Since co-founding a charitable foundation in 2004 to support disabled veterans in Vietnam, Minh has focused her leadership on advancing social justice and improving service systems for vulnerable populations.

With qualifications in law, humanities, and social work, Minh has held senior roles in management, research, advocacy, and sector development. Her work is grounded in a deep respect for lived experience and inclusive representation.

Minh worked in remote and metro Aboriginal communities in health and community sectors. She is deeply committed to Aboriginal and Torres Strait Islander wellbeing, advocating for approaches that address cultural identity, dispossession, and national recognition

Christine Walker

Director

Experience

Christine was elected to the CHF Board in 2017 and continues to serve as a director in 2025. Christine has over 30 years' experience as a Director on Boards, having previously been on the boards of NPS Medicinewise and Western Health Services in Victoria. She has experience in governance, strategic planning, and building an evidence base around the needs of people with chronic illnesses in the health system through research and consultancies. Christine works to include consumers and the community in all levels of health services and policy development. Currently Christine is also a Board member of the Epilepsy Foundation Victoria, and Epilepsy Australia.

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DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2025

Having been a member of the Melbourne Genomics Health Alliance Community Advisory Group, her interest in genomics continues. She serves on the RACGP National Standing Committee on Quality Care and the Medical Service Advisory Committee to represent health consumer concerns with regard to MBS funding for new devices, tests and treatments.

She is the lead researcher of The Australian Epilepsy Longitudinal Study. In this capacity she recently attended the Asian Oceanian Epilepsy Congress in Delhi, India to deliver a paper on changing support needs of people with epilepsy. This was published in Epilepsy and Behavior in 2024.

Ros Chataway

Director (until October 2024 AGM)

Experience

Ros was first elected to the CHF Board in 2018 and is a member of the Finance, Audit and Risk Management Committee. Ros has over 40 years' experience working in the healthcare field in both the public and private sectors. Responsibilities include managerial, clinical and administrative roles at corporate and clinical levels. Ros has managed the Safety, Quality and Risk Management Unit in acute hospital settings and has been able to implement change in staff practices arising from the feedback that consumers provided directly to the unit.

Ros had extensive experience with the Consumer Advisory Council (CAC) at the Queen Elizabeth Hospital and enjoys the exchange of ideas and input from consumers from a broad range of cultures and backgrounds. Ros was on the Board of Health Consumers Alliance (HCA), SA from 2013-2018 and is the immediate past President of the Australasian College of Health Service Management (ACHSM), SA Branch. Ros is on the National ACHSM Board and the National Rural Health Alliance (NRHA) Council. Ros has substantial understanding and experience in the challenges of providing healthcare to rural and remote communities, whilst employed as the Safety and Quality Manager at Country Health SA Local Health Network.

Ros is a Registered Nurse and Midwife and has completed a Law degree and a Bachelor of Behavioural Science (Psychology). She is currently undertaking a Master of Business Administration (MBA) and working part-time as an Australian Council on Healthcare Standards (ACHS) Assessor. Ros has been a carer and advocate for her recently deceased mother and still supports and promotes the consumer voice for her elderly mother and father-in-law residing in Aged Care.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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DIRECTORS' REPORT
FOR THE YEAR ENDED 30 JUNE 2025

Jo Watson

Director, Deputy Chair (until October 2024 AGM)

Experience

Jo Watson was first appointed to the CHF Board in 2012 and has been Deputy Chair since 2014. She was re-elected Deputy Chair at the November 2022 Board meeting.

Jo was the Executive Director for the National Association of People living with HIV Australia (NAPWHA) from 1998 to 2014. Over the past several decades she has been a community advocate actively engaged in the areas of health policy, especially access to medicines, and optimal public health interventions.

She has been a consumer nominee to the Pharmaceutical Benefits Advisory Committee (PBAC) since 2013 and was appointed as the inaugural Deputy Chair in 2017. Jo is also the Chair of the HTA Consumer Consultative Committee, established in 2017 within the Commonwealth Department of Health. In 2021 she was appointed Deputy Chair to the MBS Review Advisory Committee (MRAC). Jo is the CHF nominated Director on the Board of the Australian GP Accreditation Ltd Group (AGPAL) and is the Chair of the CHF Governance Committee.

Allison Willis

Director (until October 2024 AGM)

Experience

Allison was elected to the CHF Board in November 2021. She holds a Bachelor of Applied Science in Natural Resource Management, Hospital Certification Registered Nursing TQEH, a Bachelor of Health (Nursing), a Certificate in Management & Organisational Leadership and a Graduate Certificate in Diabetes Education. With over 30 years experience in the health, community and disability sectors Allison's focus has been in policy development, legislative reform and human rights.

Allison is the Director Health Consumer CoLab, as a consultant and collaborator with health consumers, health services and policy makers to build strong, sustainable partnerships in health governance, policy and practice. She is the Convener and Founder of the Health Consumer Advocacy Network SA (Health CAN SA) to provide an independent health consumer voice in South Australia. Allison works as a consultant and collaborative partner to support mental health policy and change, with LELAN, the Lived Experience and Leadership Network in SA, an independent peak body for people with lived experience of mental distress, social issues and injustice in SA. Allison was the Principal Adviser Policy and Strategy Health Consumers Alliance of South Australia until its closure due to defunding in September 2021.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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DIRECTORS' REPORT
FOR THE YEAR ENDED 30 JUNE 2025

Meetings of directors

During the financial year, 18 meetings of directors were held: 6 board meetings and 12 meetings of subcommittees. Attendances by each director during the year were as follows:

Director Name	Directors' Meetings		Subcommittee Meetings	
	Number attended	Number eligible to attend	Number attended	Number eligible to attend
Tony Lawson ¹	6	6	6	12
Rowan Cockerell	6	6	8	12
Jan Donovan	6	6	5	5
Darryl O'Donnell	6	6	7	7
Louise Hardy	5	5	4	4
Scott Harlum	4	5	3	3
Gloria Jacob	5	5	3	7
Minh Nguyen	4	5	3	3
Christine Walker	6	6	5	5
Former Directors				
Ros Chataway	1	1	1	1
Jo Watson	1	1	0	2
Allison Willis	1	1	2	2
Independent Committee Members				
David Blair (FARM)	-	-	4	5
Mark Diamond (Governance)	-	-	4	5

¹ As Chair of the Board Mr Tony Lawson is an ex officio member of all sub-committees of the Board however his attendance at all sub-committee meetings is not required.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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**DIRECTORS' REPORT
FOR THE YEAR ENDED 30 JUNE 2025**

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 \$ 1 each towards meeting any outstanding obligations of the company. At 30 June 2025 the total amount that members of the company are liable to contribute if the company is wound up is \$77 (2024: \$137).

Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2025 has been received and can be found on page 10 of the financial report.

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

Director:



Tony Lawson

Director:



Jan Donovan

Dated this 29th day of September 2025



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AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 TO THE DIRECTORS OF CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

As lead auditor for the audit of the financial report of Consumers Health Forum of Australia Ltd for the year ended 30 June 2025, I declare that, to the best of my knowledge and belief, during the year ended 30 June 2025 there have been no contraventions of:

- i. the auditor independence requirements as set out in the Australian Charities and Not-For-Profits Commission Act 2012 in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.

BellchambersBarrett

Jamie Glenn, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 29th day of September 2025

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
REVENUE AND OTHER INCOME			
Revenue	2	4,319,303	3,852,336
Other income	2	111,604	56,004
Total revenue and other income		4,430,907	3,908,340
EXPENSES			
Employee benefits expense	3	2,789,097	2,391,451
Project contractor fees		193,802	4,750
Depreciation and amortisation expense	3	70,662	61,612
Interest expense	3	1,586	3,761
Administration expense		447,178	313,140
Consultancy fees		347,524	366,243
Insurance expense		44,680	42,527
Repairs and maintenance expenses		71,142	45,040
Travel and accommodation		166,773	162,227
Workshop expense		80,872	77,952
Total expenses		4,213,316	3,468,703
Current year surplus/(deficit) before income tax		217,591	439,637
Income tax expense	1(j)	-	-
Net current year surplus		217,591	439,637
Other comprehensive income			
Total other comprehensive income for the year		-	-
Total comprehensive gain for the year		217,591	439,637
Net current year surplus attributable to members of CHF		217,591	439,637
Total comprehensive gain attributable to members of CHF		217,591	439,637

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

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STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2025

	Note	2025 \$	2024 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	446,528	388,736
Trade and other receivables	5	112,321	143,235
Other assets	6	130,448	93,860
Financial assets	7	1,200,000	1,200,000
TOTAL CURRENT ASSETS		1,889,297	1,825,831
NON-CURRENT ASSETS			
Other assets	6	-	8,000
Financial assets	7	26,045	26,045
Property, plant and equipment	8	36,471	45,973
Intangible	9	117,418	15,000
Right of use assets	10(i)	-	44,817
TOTAL NON-CURRENT ASSETS		179,934	139,835
TOTAL ASSETS		2,069,231	1,965,666
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	232,872	237,593
Contract liabilities	12	512,947	634,771
Provisions	13	241,853	220,798
Lease liabilities	14	-	43,291
TOTAL CURRENT LIABILITIES		987,672	1,136,453
NON-CURRENT LIABILITIES			
Provisions	13	40,146	-
Lease liabilities	14	-	5,391
TOTAL NON-CURRENT LIABILITIES		40,146	5,391
TOTAL LIABILITIES		1,027,818	1,141,844
NET ASSETS		1,041,413	823,822
EQUITY			
Retained earnings		1,041,413	823,822
TOTAL EQUITY		1,041,413	823,822

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2025

	Retained Surplus	Total
	\$	\$
Balance at 1 July 2023	384,185	384,185
Comprehensive income		
Net surplus for the year	439,637	439,637
Balance at 30 June 2024	823,822	823,822
Comprehensive income		
Net surplus for the year	217,591	217,591
Balance at 30 June 2025	1,041,413	1,041,413

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipt from customers		4,675,111	4,688,860
Interest received		73,493	18,942
Finance costs	3	(1,586)	(3,761)
Payments to suppliers and employees		(4,515,082)	(3,619,112)
Net cash generated from operating activities		231,936	1,084,929
CASH FLOWS FROM INVESTING ACTIVITIES:			
Payment for investments in term deposit		-	(800,000)
Payment for property, plant and equipment	8	(20,487)	(35,459)
Payment for intangible	9	(109,000)	(15,000)
Net cash (used in) investing activities		(129,487)	(850,459)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Repayment of lease liabilities		(44,657)	(43,959)
Net cash (used in) financing activities		(44,657)	(43,959)
Net increase in cash held		57,792	190,511
Cash and cash equivalents at beginning of financial year		388,736	198,225
Cash and cash equivalents at end of financial year	4	446,528	388,736

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICIES

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*. Consumers Health Forum of Australia Ltd (CHF) is a not-for-profit company for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual 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. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

a. Revenue

Revenue recognition

CHF is first required to determine whether amounts received are accounted for as Revenue per AASB 15: *Revenue from Contracts with Customers* or Income per AASB 1058: *Income of Not-for-Profit Entities*. Funding arrangements which are enforceable and contain sufficiently specific performance obligations are recognised as revenue under AASB 15. Otherwise, such arrangements are accounted for under AASB 1058, where upon initial recognition of an asset, the entity is required to consider whether any other financial statement elements should be recognised (e.g. financial liabilities representing repayable amounts), with any difference being recognised immediately in profit or loss as income.

Grants, donations and bequests

When CHF receives grants, donations and bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligation in accordance to AASB 15.

When both these conditions are satisfied, CHF:

- identifies each performance obligation relating to the grant
- recognises a contract liability for its obligations under the agreements
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligation, CHF:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138)
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, CHF recognises income in profit or loss when or as it satisfies its obligations under the contract.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICIES (continued)

a. Revenue (continued)

Interest income

Interest income is recognised using the effective interest method.

Membership income

Membership fees received are apportioned over the period to which the fee relates. Fees received for future periods are shown in the financial statements as current liabilities.

Rendering of services

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

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

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

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 fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to CHF commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Leasehold Improvements	33%
Office Equipment	20 - 33%
Website	33%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICIES (continued)

b. Property, Plant and Equipment (continued)

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

c. Leases

CHF as lessee

At inception of a contract, CHF assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by CHF where CHF is a lessee. However, all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Entity uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives
- variable lease payments rate, initially measured using the index or rate at the commencement date
- the amount expected to be payable by the lessee under residual value guarantees
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options
- lease payments under extension options if lessee is reasonably certain to exercise the options
- payments for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that CHF anticipates exercising a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

d. Financial Instruments

Initial recognition and measurement

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

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICIES (continued)

d. Financial Instruments (continued)

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified as “at fair value through profit or loss”, in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: *Revenue from Contracts with Customers*.

Classification and subsequent measurement

Financial liabilities

CHF's financial liabilities are subsequently measured at amortised cost using the effective interest method. The financial liabilities of CHF comprise trade payables.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Financial assets

Financial assets are subsequently measured at:

- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICIES (continued)

d. Financial Instruments (continued)

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

Impairments

At the end of the reporting period CHF 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. Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

e. Impairment of Assets

At the end of each reporting period, CHF reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, CHF estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICIES (continued)

f. Employee Benefits

Short-term employee benefits

Provision is made for CHF's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and any applicable leave balances. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

CHF's obligations for short-term employee benefits such as wages, salaries and any applicable leave balances are recognised as part of current trade and other payables in the statement of financial position.

CHF's obligations for annual leave entitlements are presented as current liabilities in its statement of financial position, as CHF does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period in the event employees wish to use their leave entitlement.

CHF does not have any other long term employee benefits as at 30 June 2025.

Superannuation contributions

Obligations for contributions to employees' nominated superannuation funds are recognised as an employee benefit expense in profit or loss in the periods in which services are provided by employees.

g. 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 borrowings in current liabilities on the statement of financial position.

h. Trade and Other Receivables

Trade and other receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(d) for further discussion on the determination of impairment losses.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICIES (continued)

i. Goods and Services Tax (GST)

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

Receivables and payables are stated inclusive of GST.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

j. Income Tax

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

k. Intangible Assets Other than Goodwill

Software and website development costs

Software and website development costs are capitalised only when the CHF identifies that the project will deliver future economic benefits and these benefits can be measured reliably.

Software development costs have a finite life and are amortised on a systematic basis over three years matched to the future economic benefits over the useful life of the project. Amortisation begins when the software becomes operational.

l. Provisions

Provisions are recognised when CHF has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

m. Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

n. Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by CHF during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

o. Critical Accounting Estimates and Judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within CHF.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
ABN 82 146 988 927

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICIES (continued)

o. Critical Accounting Estimates and Judgements (continued)

Key estimates

(i) *Useful lives of property, plant and equipment*

As described in Note 1(b), CHF reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

Key judgements

(i) *Performance obligations under AASB 15*

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by considering any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature / type, cost / value, quantity and the period of transfer related to the goods or services promised.

(ii) *Lease term and option to extend under AASB 16*

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that CHF will make. CHF determines the likeliness to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic, and which are key to its future strategy.

(iii) *Employee benefits*

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. Based on past experience, CHF does not expect the full amount of annual leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since CHF does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

(iv) *Employee benefits – portable long service leave scheme*

CHF's employees are registered with the ACT Long Service Leave Authority and Victorian Long Service Leave Authority (the Authority) and covered under the portable long service leave schemes. The schemes allow eligible workers to move from employer to employer in the community sector, while still accruing service towards a long service leave entitlement. When a worker decides to claim some or all of their long service leave entitlement, CHF will pay the benefit and lodge a claim with the Authority. The Authority will repay the benefit to CHF.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: SUMMARY OF MATERIAL ACCOUNTING POLICIES (continued)

o. Critical Accounting Estimates and Judgements (continued)

(iv) *Employee benefits – portable long service leave scheme (continued)*

Obligations for contributions to the portable long service leave scheme are recognised as an employee benefit expense in profit or loss in the period in which services are provided by employees. Therefore, the Directors believe that no provision for long service leave entitlement is required to be raised in relation to the portions that have been covered under the portable long service leave scheme.

p. Economic Dependence

CHF is dependent on the Department of Health for the majority of its revenue used to operate the business. In May 2023, it was confirmed that CHF has been allocated \$10.5 million in funding over a period of four years starting 2023-24 from the Department of Health to support consumer engagement in the design and implementation of the Strengthening Medicare reforms. The funding was available from September 2023.

q. New and Amended Accounting Standards Adopted by CHF

AASB 2023-3: Amendments to Australian Accounting Standards – Disclosure of Non-current Liabilities with Covenants – Tier 2

AASB 2023-3 amends AASB 1060 to align the disclosure requirements of Tier 2 entities with the Tier 1 equivalent of AASB 2020-1 and AASB 2022-6.

AASB 2023-3 amends AASB 1060 to:

- (a) clarify that a liability is classified as non-current if an entity has the right at the reporting date to defer settlement of the liability for at least twelve months after the reporting date;
- (b) clarify the reference to settlement of a liability by the issue of equity instruments in classifying liabilities; and
- (c) require the disclosure of information that enables users of the financial statements to understand the risk that non-current liabilities with covenants could become repayable within twelve months.

The adoption of the amendment did not have a material impact on the financial statements.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 2: REVENUE AND OTHER INCOME

Grants

The majority of CHF's funding is in the form of grants from government departments and other bodies. CHF has assessed that the majority of its grant agreements are enforceable and contain sufficiently specific performance obligations. This determination was made on the basis that the funding agreements require CHF to carry out various types of services to be provided and duration of such programs prescribed within the relevant agreements. CHF therefore recognises funding received under such agreements as Revenue under AASB 15. Revenue is recognised as CHF delivers the required services, which is when expenditure is incurred or when each milestone of the underlying program is achieved.

	Note	2025 \$	2024 \$
Revenue			
- grant revenue		4,273,878	3,822,101
- member subscriptions		45,425	30,235
		<u>4,319,303</u>	<u>3,852,336</u>
Other income			
- other income		11,256	26,846
- interest earnings		100,348	29,158
		<u>111,604</u>	<u>56,004</u>
Total revenue and other income		<u>4,430,907</u>	<u>3,908,340</u>

NOTE 3: RESULT FOR THE YEAR

The result for the year includes the following significant expenses:

Employee benefits expense	2,789,097	2,391,451
Depreciation and amortisation expense		
- office equipment	25,119	19,095
- website	6,582	-
- right of use assets	38,961	42,517
Total depreciation and amortisation expense	<u>70,662</u>	<u>61,612</u>
Finance costs		
- interest expense on lease liabilities	1,586	3,761

NOTE 4: CASH AND CASH EQUIVALENTS

CURRENT

Cash at bank	18	<u>446,528</u>	<u>388,736</u>
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CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 5: TRADE AND OTHER RECEIVABLES

	Note	2025 \$	2024 \$
CURRENT			
Trade receivables	18	112,321	143,235

NOTE 6: OTHER ASSETS

CURRENT			
Accrued income		76,400	59,100
Prepayments		54,048	34,760
		130,448	93,860
NON-CURRENT			
Rental bond		-	8,000
		-	8,000
Total other assets		130,448	101,860

NOTE 7: FINANCIAL ASSETS

CURRENT			
Term deposit		1,200,000	1,200,000
Total current assets		1,200,000	1,200,000
NON-CURRENT			
Rental guarantee invested in a term deposit		26,045	26,045
Total non-current assets		26,045	26,045

(i) Financial assets at amortised cost

Term deposit		1,200,000	1,200,000
Rental guarantee invested in a term deposit		26,045	26,045
	18	1,226,045	1,226,045

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 8: PROPERTY, PLANT AND EQUIPMENT

	2025	2024
	\$	\$
Office equipment		
At cost	76,434	67,884
Less accumulated depreciation	(39,963)	(21,911)
Total property, plant and equipment	36,471	45,973

	Office equipment	Total
	\$	\$
2025		
Balance at the beginning of the year	45,973	60,973
Additions at cost	20,487	20,487
Disposal at cost	(9,954)	(9,954)
Transfer to website	-	(15,000)
Depreciation write-back	5,084	5,084
Depreciation expense	(25,119)	(25,119)
Carrying amount at the end of the year	36,471	36,471

NOTE 9: INTANGIBLE ASSETS

Website		
At cost	80,000	-
Less accumulated amortisation	(6,582)	-
	73,418	-
Work in progress – website		
At cost	-	15,000
Work in progress – project		
At cost	44,000	-
Total intangible assets	117,418	15,000

	Website	WIP – website	WIP - projects	Total
	\$	\$	\$	\$
2025				
Balance at the beginning of the year	-	15,000	-	15,000
Additions at cost	65,000	-	44,000	109,000
Transfer to the website	-	(15,000)	-	(15,000)
Transfer from the work in progress – website	15,000	-	-	15,000
Amortisation expense	(6,582)	-	-	(6,582)
Carrying amount at the end of the year	73,418	-	44,000	117,418

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 10: RIGHT OF USE ASSETS

CHF's lease portfolio included an equipment lease and an operating lease for CHF's office. The equipment lease had a lease term of five years, with the underlying assets having an average useful life of five years. There were no extension options for the equipment lease. The equipment lease was terminated in March 2025. The office lease was classified as an operating lease and initially had a non-cancellable term of six years, with two options to extend for three years each. CHF exercised the first extension option for an additional three years. The office lease was terminated in May 2025, and CHF has no intention to exercise the remaining extension option.

These clauses provide CHF opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by CHF. The extension options or termination options which were probable to be exercised have been included in the calculation of the right of use assets. The leases are measured at cost in accordance with CHF's accounting policy as outlined in Note 1.

(i) AASB 16 related amounts recognised in the balance sheet

Right of use assets	2025	2024
	\$	\$
Leased premises	-	207,103
Accumulated amortisation	-	(170,916)
	-	36,187
Leased equipment	-	18,724
Accumulated amortisation	-	(10,094)
	-	8,630
Total right of use asset	-	44,817

Movements in carrying amounts

2025	Leased premises	Leased equipment	Total
	\$	\$	\$
Balance at the beginning of the year	36,187	8,630	44,817
Amortisation expense	(36,187)	(2,774)	(38,961)
Derecognition on termination	-	(5,856)	(5,856)
Net carrying amount	-	-	-

(ii) AASB 16 related amounts recognised in the statement of profit or loss

Depreciation charge related to right-of-use assets	38,961	42,517
Interest expense on lease liabilities	1,586	3,761

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 10: RIGHT OF USE ASSETS (continued)

(iii) Total future lease payments at the end of the reporting period

	2025 \$	2024 \$
No later than 1 year	-	45,704
Between 1 to 5 years	-	5,584
Total future lease payments	-	51,288

NOTE 11: TRADE AND OTHER PAYABLES

CURRENT

Trade payables	68,401	47,586
Accrued expenses	97,818	134,531
Other current payables (net of GST)	24,092	51,553
GST payable	42,561	3,923
	232,872	237,593

(i) Financial liabilities at amortised cost classified as trade and other payables

Trade and other payables:		
– total current	232,872	237,593
Less tax liability	(42,561)	(3,923)
Less accrued expenses	(97,818)	(134,531)
Less other current payables	(17,510)	(53,221)
Financial liabilities as trade and other payables	18 74,983	45,918

NOTE 12: CONTRACT LIABILITIES

Closing balance at the end of the year

- unexpended grants	512,947	624,020
- other contract liability – membership received in advance	-	10,751
	512,947	634,771

If grants are enforceable and have sufficiently specific performance obligations in accordance with AASB 15, the amount received at that point in time, is recognised as a contract liability until the performance obligations have been satisfied.

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 13: PROVISIONS

	Note	2025 \$	2024 \$
CURRENT			
Provision for employee benefits: annual leave		208,677	187,622
Provision for former employee benefits: leave loading		33,176	33,176
		<u>241,853</u>	<u>220,798</u>
NON-CURRENT			
Provision for employee benefits: redundancies		40,146	-
		<u>40,146</u>	<u>-</u>
Total provisions		<u>281,999</u>	<u>220,798</u>
		Employee Benefits \$	Total \$
Analysis of total provisions			
Opening balance at 1 July 2024		220,798	220,798
Additional provisions raised		189,525	189,252
Leave taken		(143,931)	(143,931)
Leave paid-out		(24,539)	(24,539)
Balance at 30 June 2025		<u>241,853</u>	<u>241,853</u>

Provision for employee benefits

Provision for employee benefits represents amounts accrued for annual leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, CHF does not expect the full amount of annual leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since CHF does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

NOTE 14: LEASE LIABILITIES

CURRENT		
Lease liability – Operating lease	-	39,477
Leases liability – Leased equipment	-	3,814
	-	<u>43,291</u>
NON-CURRENT		
Leases liability – Leased equipment	-	5,391
	-	<u>5,391</u>
	18	<u>48,682</u>

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 15: EVENT AFTER THE REPORTING PERIOD

There have been no events subsequent to reporting date, which require disclosure in the financial statements.

NOTE 16: KEY MANAGEMENT PERSONNEL COMPENSATION

Any person(s) having authority and responsibility for planning, directing and controlling the activities of CHF, directly or indirectly, including any director (whether executive or otherwise) of CHF, is considered key management personnel (KMP).

The totals of remuneration paid to KMP of CHF during the year are as follows:

	2025	2024
	\$	\$
– short-term employee benefits	325,342	318,648

NOTE 17: OTHER RELATED PARTY TRANSACTIONS

There were no transactions with related parties during the financial year ended 30 June 2025 (2024: No transactions).

NOTE 18: FINANCIAL RISK MANAGEMENT

CHF's financial instruments consist mainly of deposits with banks, short-term and long-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9: *Financial Instruments* as detailed in the accounting policies to these financial statements, are as follows:

Financial assets

Financial assets at amortised cost:

– cash and cash equivalents	4	446,528	388,736
– trade and other receivables	5	112,321	143,235
– other financial assets	7(i)	1,226,045	1,226,045

Total financial assets		1,784,894	1,758,016
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Financial liabilities

Financial liabilities at amortised cost:

– trade and other payables	11(i)	74,983	45,918
– lease liabilities	14	-	48,682

Total financial liabilities		74,983	94,600
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CONSUMERS HEALTH FORUM OF AUSTRALIA LTD
ABN 82 146 988 927

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

NOTE 19: ENTITY DETAILS

The principal place of business is:

Consumers Health Forum of Australia Ltd
PO box 308, Collins Street West
Melbourne VIC 8007

NOTE 20: MEMBERS' GUARANTEE

CHF is incorporated under the *Corporation Act 2001* and is a company limited by guarantee. If CHF is wound up, the constitution states that each member is required to contribute a maximum of \$1 each towards meeting any outstanding obligations of CHF. On 30 June 2025, the number of members was 77 (2024: 137).

NOTE 21: AUDITOR'S REMUNERATION

	2025	2024
	\$	\$
Remuneration of the auditor:		
- auditing the financial statements	18,500	18,000
- other	8,800	4,400
	<u>27,300</u>	<u>22,400</u>

CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

ABN 82 146 988 927

DIRECTORS' DECLARATION

In accordance with a resolution of the Directors of Consumers Health Forum of Australia Ltd, the Directors of the registered entity declare that, in the Directors' opinion:

1. The financial statements and notes, as set out on pages 9 to 29, satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012 and:

- a. comply with Australian Accounting Standards – Simplified Disclosures applicable to the entity; and
- b. give a true and fair view of the financial position of the registered entity as at 30 June 2025 and of its performance for the year ended on that date.

2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulation 2013.



Position: Tony Lawson, Chair



Position: Jan Donovan, Director

Dated this 29th day of September 2025.



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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Consumers Health Forum of Australia Ltd (the registered entity), which comprises the statement of financial position as at 30 June 2025, 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 to the financial statements, including a summary of material accounting policy information, and the directors' declaration..

In our opinion, the accompanying financial report of Consumers Health Forum of Australia Ltd is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the ACNC Act), including:

- (i) giving a true and fair view of the registered entity's financial position as at 30 June 2025 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – AASB 1060: *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of *Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered entity in accordance with the ACNC Act and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 30 June 2025 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities and the ACNC Act 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. The directors are also responsible for overseeing the registered entity's financial reporting process.

Liability limited by a scheme approved under Professional Standards Legislation



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF CONSUMERS HEALTH FORUM OF AUSTRALIA LTD

In preparing the financial report, the directors are responsible for assessing the ability of the registered entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- i Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ii Obtain an understanding of internal control relevant to the audit 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 registered entity's internal control.
- iii Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- iv Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- v Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink, appearing to read 'Bellchambers Barrett'.

BellchambersBarrett

A handwritten signature in black ink, appearing to read 'Jamie Glenn'.

Jamie Glenn, CA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 29th day of September 2025