

Applications are currently being sought for members of Shoalhaven City Council's Aboriginal Advisory Committee.

Members of the Aboriginal Advisory Committee are encouraged to become actively involved in the business of the Committee and to be an advocate between community and Council.

### **The Committee are looking for Aboriginal people who**

- are Aboriginal community members who live in the Shoalhaven
- are Aboriginal community members who work with Aboriginal communities of the Shoalhaven on a full time/ part time basis
- are passionate about increasing knowledge and understanding of Aboriginal society, history & culture in the Shoalhaven.
- are passionate about having an impact on the lives of Aboriginal people in the Shoalhaven region,
- are interested in being an advocate for Aboriginal people in the community particularly in representing the various regions and communities of the Shoalhaven,
- are motivated to identify opportunities for collaboration between Aboriginal communities and Council

### **Purpose**

The purpose of the Aboriginal Advisory Committee, hereby known as the Committee, is to provide appropriate and considered advice to Council on all relevant issues affecting Aboriginal and Torres Strait Islander people within the Shoalhaven LGA.

The Committee will also seek to gain Council's support in achieving the objectives for the current Statement of Commitment 2010 (SoC), the Shoalhaven City Council Community Strategic Plan 2027 (SCCSP) and endorsement of the Uluru Statement of the Heart June 2020.

The Committee meets at the Nowra Administrative Centre four (4) times per year.

### **How to apply**

Please complete the form below and return by post to 'The Chief Executive Officer (CEO), Shoalhaven City Council , PO Box 42, NOWRA NSW 2541' or email it to [governance@shoalhaven.nsw.gov.au](mailto:governance@shoalhaven.nsw.gov.au)

If you need help completing your application or require interpretive services, please contact us.

## 1. Details of Applicant

**Surname**

**Given Name:**

**Please select your pronoun**

He/Him

She/Her

Them/They

Other

**Email\***

**Postal Address**

**Phone: (Home)**

**(Mobile)**

**(Work)**

**I am representing:**

**(Community member, LALC, Etc)**

\*Correspondence with Committee Members will be sent via email unless otherwise advised.

**2. What experience do you have in advocating for your community (please include details of any other committees, boards or groups you have been part of)?**

**3. What are some of the issues and concerns facing Aboriginal people in the Shoalhaven?**

**4. Why would you like to be considered for the Aboriginal Advisory Committee?**

**5. I bring the following skills / experience and/or attributes to the Committee:**

**6. Signature of Applicant**

**Signed:**

**Date:**

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Attachments of further information supporting your application are permitted.

Privacy Notification: Shoalhaven City Council is collecting the information on this Contact Details Form / Membership Application form in order to ensure correct contact information for the distribution of relevant information in relation to your role on the Committee (should you be successful). Contact information collected will be used solely by Council staff for the stated purpose. Individuals may apply for access to, or correction of, their personal information at any time.

**City Administrative Centre** Bridge Rd, Nowra, NSW, Australia, 2541

[council@shoalhaven.nsw.gov.au](mailto:council@shoalhaven.nsw.gov.au) [www.shoalhaven.nsw.gov.au](http://www.shoalhaven.nsw.gov.au)

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