



Application for Membership Aboriginal Advisory Committee

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

- Live in the Shoalhaven **or** work closely with Aboriginal communities in the region
- Are passionate about sharing and increasing knowledge of Aboriginal culture, history, and community
- Are interested in speaking up for and representing Aboriginal people and their communities
- Are keen to find ways for Council and Aboriginal communities to work together

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

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

1. Details of Applicant		
<input type="checkbox"/> I confirm I have read and understand the Role and Purpose of the Aboriginal Advisory Committee (contained within the Terms of Reference).		
Surname	Given Name:	
Please select your pronoun		
<input type="checkbox"/> He/Him		
<input type="checkbox"/> She/Her		
<input type="checkbox"/> Them/They		
<input type="checkbox"/> 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. Tell us about your experience speaking up for or representing your community. (Have you been part of any groups, boards, or committees that work for the community?)

3. What local issues affecting Aboriginal communities in the Shoalhaven are you most passionate about, and why?

4. Why do you want to be part of the Aboriginal Advisory Committee?

5. What skills, experience, or personal qualities would you bring to the Committee?

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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 www.shoalhaven.nsw.gov.au

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