



Application for Membership

Arts Advisory Committee

Applications are being sought for members of Shoalhaven City Council's Arts 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 people who:

- Have a passion for the arts and planning for the future
- Want to contribute to the development of visual, performing and literary arts in the Shoalhaven
- Want to help guide Council to support the diverse and talented voices of artists and residents in the Shoalhaven

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

1 Details of Applicant

☐ I confirm I have read and understand the **Role and Purpose** of the Arts Advisory Committee (contained within the [Terms of Reference](#)).

Mr / Mrs / Ms / Dr

Surname:

Given Name:

Email*:

Postal Address:

Phone: (H)

(M)

(B)

Do you identify as Aboriginal? ☐ Yes ☐ No

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

2 The Advisory Committee meets from 4.00pm to 6.00pm. Attendance may be in person or via TEAMS.

Please circle your preferred day(s)?

Monday	Tuesday	Wednesday	
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3 Please outline your previous involvement in the Arts, either professionally or in a voluntary capacity

4 Attributes

Please Circle One

Do you like to share ideas with other people?	Yes	No
Do you respect people who have a different opinion or view than yours?	Yes	No
Do you accept compromise?	Yes	No
Are you interested in working in partnership with Arts Committee Members and Council?	Yes	No

5 Please outline your experience in strategic development and policy review, particularly as it related to the Arts

6 Please detail your experience as a committee member, in a governance role, in advocacy or community building especially as it relates to Arts or Local Government.

7 The Arts Advisory Committee has a vision to make the Shoalhaven a recognised outstanding arts destination that connects people, fosters sustainable communities and celebrates indigenous and contemporary history. As a committee member, what strategies would you encourage the Arts Advisory Committee to take to assist this vision?

8. Signature of Applicant

Signed:

Date:

Please complete the above form and return to the Chief Executive Officer, Shoalhaven City Council, PO Box 42, NOWRA NSW 2541 or email it to governance@shoalhaven.nsw.gov.au

Attachments of further information supporting your application are permitted. Suggestions for this include:

- Cover Letter (1 page)
- Current CV (3 pages max)
- Contact details for 2 referees with information regarding the capacity in which they are known to the applicant

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.