



Application for Membership Shoalhaven Heads Estuary Taskforce

Applications are currently being sought for members of the Shoalhaven heads Estuary Taskforce (SHET).

Members of the SHET are encouraged to become actively involved in the business of the Committee and to be an advocate between community and Council. The purpose of the Committee is to:-

- a. Act as an advisory and representative group on matters relating to the Shoalhaven River, it's estuary and entrance at Shoalhaven Heads.
- b. Receive and disseminate information and updates to and from the Shoalhaven Heads community about the management of the Shoalhaven Heads estuary.
- c. Provide and receive information to the Northern CMP Advisory Committee in the preparation of the Lower Shoalhaven River CMP.
- d. Provide and receive information to the Northern Floodplain Risk Management Committee in the development and preparation of the Lower Shoalhaven Flood Risk Management Study/Plan.

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

1. Details of Applicant		
Mr / Mrs / Miss / Ms	Surname:	Given Name:
Email*		
Postal Address		
Phone: (H)	(M)	(B)
I am applying for the following membership position:		
<input type="checkbox"/>	Indigenous Representative	
<input type="checkbox"/>	Youth Representative	
<input type="checkbox"/>	Community Member	
If applying as Youth Representative – Age as at 31 December 2023:		
Do you identify as Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

2. Why are you interested in coastal and estuary management in the Shoalhaven River Estuary?

3. What local knowledge and experience do you have of coastal and estuary management in the Shoalhaven River Estuary?

4. How will you ensure that views you bring to the committee reflect your community's views?

5. Will you be available from 4pm to 6pm on weekdays to attend meetings?

6 Signature of Applicant

Signed:

Date:

Please complete the above form 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

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.

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