

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

Purpose

The purpose of the Aboriginal Advisory Committee, hereby known as the Committee, is to provide cultural advice to Council on its Strategies and Plans.

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 (SCC) 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

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. 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?

6. Signature of Applicant

Signed:

Date:

Please complete the above form and return by post 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.

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

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