

Advisory Committee Application Form



Note: Your application can be better assessed if you provide as much relevant information as possible.

Do you want to be a community representative on one or more of the City of Rockingham Advisory Committees?

If you think you have what it takes to make a positive contribution, apply here:

Please complete this form and send to:

customer@rockingham.wa.gov.au

All forms need to be received on or before **20 September 2024**

If you want to apply to more than one committee, you will need to complete a separate form for each committee.

Applicants Name:

If you are representing an Association/Organisation etc please provide the Name of Association/Organisation:

Position Title in Association/Organisation:

Contact Number:

Email Address:

Address:

Name of Advisory Committee:

Please detail how your personal attributes (e.g. cultural background, lived experience) and skills, experience and qualifications (e.g. previous or current employment, educational experience) will relate to the Terms of Reference of your chosen Advisory Committee.

Personal Attributes

Example only – I am a senior citizen

Skills, Experience, Qualifications

Example only – I have a certificate in aged care

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If you need to provide more information, please attach to your application separately.

Provide a few short lines about

- why you are applying to be on this chosen committee;
- and what attracts you to this chosen committee; and
- highlight any goals you may have for the chosen committee.

List the community groups you have been involved in especially those relevant to the chosen committee you are applying for? Also provide details of your involvement and experience.

<u>Group</u>	<u>Role</u>	<u>Achievements</u>
<i>Example only – Cultural and Development Arts Group</i>	<i>Example only – President</i>	<i>Example only – Annual Art Festival</i>

If you need to provide more information, please attach to your application separately.

List any City of Rockingham Advisory Committees you have previously been or are currently involved in. Provide your role and any achievements and relevant experiences.

<u>Group</u>	<u>Role</u>	<u>Achievements</u>
<i>Example only – Community Safety and Support Services Advisory Committee</i>	<i>Example only – Community Member</i>	<i>Example only – Strategy Adopted</i>

If you need to provide more information, please attach to your application separately.

City of Rockingham Administration Use Only - Executive Support for Advisory Committee			
Date Form Received:		Date advised applicant of appointment or unsuccessful:	
CM Number:		CM Number:	
Completed above signed by:		Completed above signed by:	