

# COMMUNITY CONSULTATIVE COMMITTEE NOMINATION FORM

Please read through and complete the following information in the space provided. Any additional supporting information can be attached to this form. Your nomination will be assessed on the basis of the information you provide on this nomination form. You will be notified in writing as to the outcome of your nomination.

If you require assistance in completing this form please contact the Project Team on 1800 732 761.

## SECTION A – SELECTING THE COMMUNITY CONSULTATIVE COMMITTEE

Please select which Community Consultative Committee you would like to nominate for. You may nominate for more than one Committee but cannot be appointed to more than one.

COMMUNITY CONSULTATIVE COMMITTEE	TOWNS COVERED	RELATED PROJECTS	NOMINATION
North Star to Border	North Star, Boggabilla, Goondiwindi	North Star to NSW/Qld Border	<input type="radio"/>
<b>Narromine</b>	<b>Narromine area</b>	<b>Narromine to Narrabri</b>	<input type="radio"/>
Gilgandra	Gilgandra area	Narromine to Narrabri	<input type="radio"/>
<b>Narrabri</b>	<b>Narrabri area</b>	<b>Narromine to Narrabri</b>	<input checked="" type="radio"/>

## SECTION B – UNDERSTANDING THE CHARTER

Before completing this nomination form, it is important that you read the Interim Charter. Please acknowledge that you have read the Interim Charter by ticking the checklist below and providing your signature.

- I have read and agree to the Interim Charter.
- I understand that the Committee is not a decision-making body.
- I understand that the Committee will comprise a mixture of representatives.
- I understand I may be required to read material provided prior to meetings so that I can effectively participate in discussions.
- I understand that the Committee will at times be privy to confidential information and that confidential information should not be disclosed.
- I understand that as a Committee Member, I cannot make comments to the media on behalf of the Committee.

NAME

SIGNATURE

## SECTION C – NOMINEE DETAILS

### 1. CONTACT DETAILS

TITLE

SURNAME

FIRST NAME




MAILING ADDRESS

RESIDENTIAL ADDRESS (If different from mailing address)

STREET ADDRESS	
TOWN/CITY	
STATE	POSTCODE

STREET ADDRESS	
TOWN/CITY	
STATE	POSTCODE

PHONE (Work)

PHONE (Home)



MOBILE

EMAIL



### 2. NATURE OF REPRESENTATION

Please identify how you are applying to join the group e.g. – as a representative of a community interest group, business or as an individual resident? **(Please tick)**

- Community interest group (community association, historical, environmental) representative
- Business Group
- Individual resident
- Other, please describe:

Name the group you are representing:

(Please Note: Elected representatives at the local, state or federal government level, or persons appointed to run on a ticket for election are not eligible for Committee membership)

## SECTION C – NOMINEE DETAILS

### 3. COMMITMENTS

It is expected that the Committee will be operational for up to two (2) years. Meetings will be held quarterly (every 12 weeks) at a mutually convenient time that suits most representatives and the Project Team.

Please tick which of the following day/s and time/s you are available for meetings. **You can select more than one.**

Preferred day

- Monday     Tuesday     Wednesday  
 Thursday     Friday     Saturday

Preferred time

- Morning     Afternoon     Evening

### 4. COMMUNITY INTERACTION

Please provide a brief explanation of:

- How you would gather information from your local area and/or community interest group.
- How you would feedback information to your local area and/or community interest group.
- An explanation of the connections you have to your local area.

### 5. SUPPORT FOR REPRESENTATION

If you are applying as a representative of a community or business group, you will need to supply written documentation from that group that you are the selected representative to assist your nomination.

Please provide this nomination with a letter signed by an authorised officer of the organisation.

If you are nominating as an interested resident, you may wish to provide evidence of support for you nomination from other local residents.

### 6. ACKNOWLEDGEMENT

I acknowledge the unpaid contribution of my time and the commitment to accurately represent my community, supporting group and/or business sector. I also acknowledge I can commit to attend the first Committee meeting in the week commencing 11 June or 18 June 2018.

NAME

SIGNATURE

DATE