COMMITTEES OF COUNCIL NOMINATION FORM

(FCEO030)









CASHIER HOURS: 8:30 am - 4:30 pm

PO Box 1145 Narrogin WA 6312	(66) 6666 6666	enquiries@na	rrogin.wa.gov.au	MONDAY- FRIDAY
MEMBERSHIP NOMIN	NATION			
The Shire of Narrogin in of the following Committee	vites nominations from indi ees of Council:	viduals or nomin	ees of organisation	ons for a position on one
	rovement Committee lonours Advisory Committe y Committee	e		
For more information abo	out each Committee, please	e visit <u>https://www</u>	w.narrogin.wa.gov	.au/committees.aspx
Name of nominee				
Name of organisation				
(if applicable) Position Title				
(for organisation nominati	ions)			
Street Address				
Postal Address				
Telephone No		Mobile No		
Email Address				
	collecting your personal info I securely and used in acco			
BACKGROUND SUM	MARY			
Please provide a brief o Committee.	outline of your interest, kno	owledge, experie	nce, and skills in	relation to your chosen
Interest	Why are you interested in	this committee?		
Knowledge	What knowledge or qualif	ications do you h	nave relevant to th	is committee's work?

Experience	Describe any pa	ast roles, volunteering, or e	employment	that relate to this area.
Skills	Highlight any sp	pecific skills you bring (e.g.	. governance	e. finance. policy. etc.).
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Conflict of Interest Disci	osure (if any)			
DECLARATION				
	•	_		Council Members, Committee
Members and Candion members-committee-me			cuments/115	1/code-of-conduct-for-council-
members-committee-me	mbers-and-candi	<u>uates</u>		
Signature:			Date:	
SUBMISSION				
	ubmitted to the S	shire by the due date, if ap	plicable	
Nominations can be subr		Time by the date date, if ap	pilodolo.	
	_	ninistration Office, 89 Earl	Street, Narro	ogin WA 6312
- , = = = = = = = = = = = = = = = = =		, and the form is signed be	efore submise	sion.
	•	by contacting the Shire Ac		
OFFICE USE	,			
OFFICE USE				

Records Officer's Signature

Executive Manager Signature

Synergy Record #

Council resolution

File Location

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