Place-Based Advisory Group

Community Representative Nomination

Please indicate which Group you are nominating for:

Inland Areas	☐
Lower Coastal	☐
Upper Coastal	☐

Applicant Details

Name: _____

Residential Address: _____

Postal Address: _____

Email: _____

Phone: _____

Provide your reasons for wanting to be a member of the Group (attach additional page/s if required).

The Shire of Gingin collects your personal information for the purpose of administering this Advisory Group. Names may be disclosed as part of the appointment process. Contact details are for the purpose of communication between the Shire and related parties and will only be disclosed if authorised or required by law. If required information is not provided then we may be unable to progress the appointment of nominated persons or applicants. See the Shire's Privacy and Responsible Information Sharing Policy for more information.

Confirmation of Eligibility

I confirm that:

1. **I am over the age of 18;**

2. **I am an elector, ratepayer or resident of the Shire of Gingin;**

3. **I agree to comply with the Code of Conduct for Council Members, Committee Members and Candidates, including disclosure of any conflicts of interest;**

4. **I commit to attending meetings of the Group and to advising the Shire's CEO, prior to the meeting, if I am unable to attend for any reason; and**

5. **I am not currently subject to a determination by the CEO that my communications with the Shire should be restricted in accordance with Council's Dealing with Complaints policy.**

Signature: _____ **Date:** _____

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