

ADVISORY COMMITTEE MEMBER APPLICATION FORM



Name of Advisory Committee: **Audit and Risk Advisory Committee**

Date of Commencement: September 2017

Applicant's Details

Name: _____

Address: _____

Primary Phone Number: _____ Mobile Phone: _____

Email Address: _____

Have you previously been a member of this advisory committee? Yes No

If Yes, provide years when you were a member: _____

Have you previously been a member of another advisory or special committee of Hepburn Shire Council? Yes No

If Yes, provide details: _____

Experience / Skills

Summarise below the experience and skills you will bring to the advisory committee and/or attach additional support, including your resume:

Acknowledgement and Sign-Off

I wish to apply to be a committee member for above named Advisory Committee. I have read the Advisory Committee's Charter/Terms of Reference and agree to act in accordance with it.

I acknowledge the commitment required by me, including actively contributing to the advisory committee and being available to attend the advisory committee meetings.

Signature: _____ Date: _____

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