



# Nomination for Member of Council Audit and Risk Committee

Please Note: Nominations are provided to Council for consideration. Information provided on this nomination form may be included in a Council meeting agenda, which is a publicly available document. If you do not wish certain information to be publicly available please indicate this on your form

<b>Applicant Full Name</b>	
<b>Applicant Contact Details:</b> <i>Postal Address</i>	
<i>Telephone</i>	
<i>Mobile</i>	
<i>Email</i>	
<b>Reasons for Applying</b> Please tell us why you are interested in joining the committee.	
<b>Information Supporting Your Application</b> E.g. relevant qualifications, experience, key achievements	
<b>Application Signature &amp; Date</b>	

**SEND COMPLETED FORM TO:**

**Mail** Wattle Range Council

PO Box 27 MILLICENT SA 5280

**COUNCIL USE ONLY**

Receipt Acknowledged

Council Meeting Ref:

Notification of Outcome

File Ref:	Classification:	Position Responsible:	Date Adopted:	Review Due:
9.63.1/4	Public	Director Corporate Services	17 December 2019	Nov 2022