COUNCIL ASSESSMENT PANEL NOMINATION FORM

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| Applicant Name: |
| Postal Address: |
| Email: |
| Telephone: |

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| 1. Reason for applying (Please attached a copy of current CV) | | |
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| 1. Any other supporting information (attach additional information) including the qualifications and/or experience you have that are relevant to the role of an Independent Member of the Council Assessment Panel. | | |
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| Signature of Applicant |

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| **Council Use Only** |  |
| Position Ratified: | Yes/No |
| Membership Type: | Independent/Deputy |
| Date: |  |