COUNCIL ASSESSMENT PANEL NOMINATION FORM

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

|  |
| --- |
| 1. Reason for applying (Please attached a copy of current CV)
 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 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.
 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Signature of Applicant  |

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