



Interim Local Advisory Committee

Self-Nomination Form

All Self-Nomination Forms must be returned to skye.price@mornington.qld.gov.au or the Council Office (Gununa) by **4pm on 14 June 2024** to be considered.

MY CONTACT DETAILS		
Full Name:		
Contact:	Ph:	
	Email:	
Date of Birth: / /		
MY ELIGIBILITY		
<p><i>You MUST answer YES to all three (3) eligibility questions to be eligible for appointment to this Advisory Committee.</i></p> <p align="center">YES</p>		
I currently live in the Mornington Shire Council Local Government Area, Queensland <i>(tick)</i>	<input type="checkbox"/>	
I identify as an Aboriginal person <i>(tick)</i>	<input type="checkbox"/>	
MY REPRESENTATION		
I nominate to represent one or more of the following 6 major family groups in the Shire <i>(tick)</i>	<input type="checkbox"/>	Lardil
	<input type="checkbox"/>	Kaiadilt,
	<input type="checkbox"/>	Yangkaal
	<input type="checkbox"/>	Waanyi
	<input type="checkbox"/>	Gangalidda
	<input type="checkbox"/>	Garawa
I believe I should be appointed to the LDMB Advisory Committee to represent my community because... <i>(provide a brief introduction)</i>		
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ACKNOWLEDGEMENT		
<p><i>I HEREBY acknowledge by signing this self-nomination form that all of the above information is true and correct and that I am not aware of any personal circumstances that would make me ineligible/ unsuitable for appointment to this Local Government Advisory Committee. I acknowledge my availability, if elected, to attend one 2-hour meeting per month.</i></p>		
Signature:		
Date:		