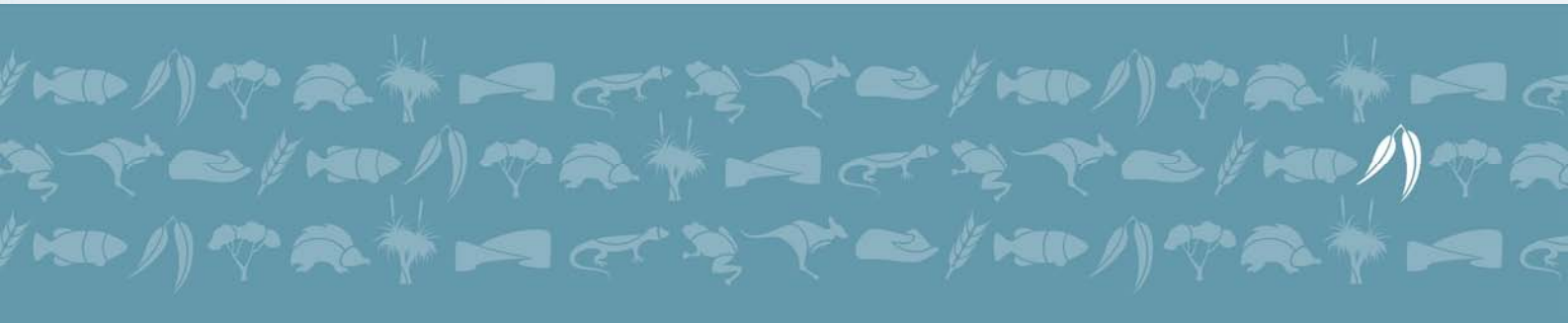




# APPLICATION FORM FOR INDIGENOUS ADVISORY COMMITTEE



## APPLICANT DETAILS

Please complete the following details in the spaces provided:

FULL NAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

LOCAL GOV'T AREA \_\_\_\_\_

M/F (please circle)      MALE                      FEMALE

## REFEREES

Please nominate two referees with whom we may speak regarding the skills, experience and knowledge listed in this nomination.

### Referee 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Referee 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**APPLICATIONS MUST BE RECEIVED BY COB  
9 NOVEMBER 2007**

**SUBMIT COMPLETED FORM TO:**  
**Eyre Peninsula Natural Resources Management Board**  
 PO Box 2916                      Ph. (08) 8682 5655  
 Level 1, Jobomi House        Fax. (08) 8682 5644  
 50 Liverpool Street         Email: admin@epnrm.com.au  
 PORT LINCOLN SA 5606      Website: www.epnrm.sa.gov.au

## APPLICANT DETAILS (cont).

1. I wish to be considered for: *(please tick)*

<input type="checkbox"/>	Southern Eyre NRM Group
<input type="checkbox"/>	Eastern Eyre NRM Group
<input type="checkbox"/>	Central Eyre NRM Group
<input type="checkbox"/>	Western Eyre NRM Group
<input type="checkbox"/>	Water Resources Advisory Committee
<input type="checkbox"/>	Land Management Advisory Committee
<input type="checkbox"/>	Coast and Marine Advisory Committee
<input type="checkbox"/>	Biodiversity Advisory Committee
<input type="checkbox"/>	Indigenous Advisory Committee

2. Are you currently involved with a natural resources management related board, group, or committee? (This includes landcare, coast care, streamcare or catchment group.) *(Please tick)*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide details of the group and length and type of involvement with this group as an attachment to this form.

3. Are you involved with an industry or related organisations (ie Farming Systems group, Fishing or Aquaculture associations, Tourism)? *(Please tick)*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide details of the group, length of time and type of involvement with this group as an attachment to this form.

4. Membership of Groups / Advisory Committees will be determined on a skills basis. *(Please tick to indicate area(s) in which you have skills, knowledge and interest)*

<input type="checkbox"/>	Land Management
<input type="checkbox"/>	Soil Conservation and Management
<input type="checkbox"/>	Biodiversity
<input type="checkbox"/>	Water Resources
<input type="checkbox"/>	Coast/Estuarine and Marine
<input type="checkbox"/>	Community Development
<input type="checkbox"/>	Pest Plant / Pest Animal
<input type="checkbox"/>	Indigenous issues
<input type="checkbox"/>	Local government administration
<input type="checkbox"/>	Financial Management
<input type="checkbox"/>	Industry – aquaculture/agriculture/ horticulture/fishing/tourism
<input type="checkbox"/>	Sustainable Agriculture

**Optional:** Please list any other relevant skills or experience that you feel you would bring to the NRM Group.

This includes;

- An understanding and genuine interest in natural resources management issues and the Eyre Peninsula region.
- And a proven history and ability to communicate effectively with government, community and other committee members, work as part of a team and appreciate other viewpoints and opinions.

You are welcome to add additional pages, attach a copy of your resume or other documents as you see appropriate.

**THANK YOU FOR YOUR NOMINATION  
APPLICANTS SUBMITTING A NOMINATION WILL BE NOTIFIED IN WRITING**