|  |  |
| --- | --- |
|  | Heritage Council of NSWApprovals Committee |

#

# Application

## Applicant Information (all fields are compulsory)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date of birth: |  |
|  | Title Given names |  | Surname |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Residential Address  | Postcode  |
|  |  |  |  |  |
|  | Postal Address (if different to residential address)  |  |  |  Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile phone: |  | Email | :  |

|  |  |
| --- | --- |
| Landline: |  |

 *Provide if no mobile available*

## Other details

|  |  |
| --- | --- |
| Position applied for (eg Member representing local government): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a public sector employee? | YES[x]  | NO[ ]  |  If yes, which department?  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you been a member of this committee before? | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you on the NSW Lobbyist Register? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
| Are you currently a member of other boards and committees? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, please list: |  |

## Qualifications for the committee

I meet the following requirements for membership on the committee and am able to support my claim through my CV or a referee report: **(please only tick the criteria that apply to you):**

[ ]  Aboriginal person

[ ]  Heritage architecture

[ ]  Connecting with Country framework

[ ]  Aboriginal cultural heritage

Additional information **must** be provided in a **one-page** CV. This should only include your skills, experience and qualifications that relate to the committee.

## Diversity information

Members of the community, including women, Aboriginal and Torres Strait Islander people, people of culturally diverse backgrounds, people with a disability and young people, are encouraged to apply for positions on NSW boards and committees.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability? | YES[ ]  |  NO  [ ]  | PREFER NOT TO SAY[ ]  |  |
| Please advise of any special needs that need to be accommodated. |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your gender? | MALE[ ]  | FEMALE [ ]  |  NON-BINARY PREFER NOT TO SAY [ ]  [ ]  |  |
| Are you from a culturally diverse background? | YES[ ]  | NO [ ]  |  PREFER NOT TO SAY [ ]   |  |

|  |  |
| --- | --- |
| If yes, please provide details: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you an Aboriginal or Torres Strait Islander person | YES[ ]  | NO [ ]  |  PREFER NOT TO SAY [ ]   |
|  |  |  |  |

## References

Please list two professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Email: |  | Phone: |  |
| Position/ Organisation: |  |  |  |
| Full Name: |  | Relationship: |  |
| Email: |  | Phone: |  |
| Position/ organisation: |  |  |  |

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

*I approve the NSW Government undertaking the following probity checks, as deemed appropriate for applications to this committee: ASIC Banned and Disqualified search, ASIC Enforceable Undertakings Register search, Australian Financial Security Authority National Personal Insolvency Index search, NSW Police Force National Police Check and Office of the Children’s Guardian Working with Children Check.*

*I acknowledge that if I am approved for appointment or reappointment to the committee, that I will be required to declare pecuniary / non-pecuniary interests*.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Information submitted on this form, including any personal details will be a matter of public record and will be stored in the NSW Government records system. You can find out more about how the NSW Government handles the personal information it collects online by reading the Department of Planning and Environment Privacy Management Plan. By submitting this form, you consent to the collection and use of your personal information in accordance with this plan.