EXPRESSION OF INTEREST



Advisory Committee Name:	
PERSONAL INFORMATION:	
Full name:	
Contact number:	
Email:	
Residential address:	
Current employment:	
Relevant Qualifications:	
Are you a resident of Palmerston:	\square Yes \square No (It is required to be a Palmerston Resident)
PLEASE PROVIDE INFORMAT	ON TO SUPPORT YOU EXPRESSION OF INTEREST
topics/areas of special interest relat	ou plan to contribute to the advisory committees' objective, ing to community well-being, safety and social and animal community groups you are a part of.



Please attach any additional supporting evidence for your Expression of Interest.
DECLARATION
I have read and understand the Committee/'s Terms of Reference.
I declare that the information contained in this application and attachment's is true and correct.
Signature:
Date:
Please forward this form and supporting documents to: Email: Palmerston@palmerston.nt.gov.au For any enquiries please call (08) 8935 9922