

Form

Nomination Form

To register your interest in becoming a member of the Economic Advisory Group, please complete and submit this Nomination Form to Council's Economic Development unit by Friday, 14 August, 2020.

Nominee Details		
	Other (places appoint)	
Title: Mr Ms	Other (please specify):	
Surname:		
Street address:	Chata	Destanda
Suburb/Town:	State:	Postcode:
		Destes de
Suburb/Town:	State:	Postcode:
Work Phone: ()	()	bile:
Fax:	Email:	
Website address:		
Why would you like to join the i	Economic Advisory Group?	
Please list your business/indus	stry skills and experience?	
Please indicate the sector you	have expertise/interest in (please tick al	relevant boxes).
☐ Accommodation/Tourism	☐ Agriculture/Forest/Fishing	☐ Construction/Trade
☐ Education/Training	☐ Financial/Insurance/Legal Servi	ces
□ Food/Beverage	☐ Manufacturing	□ Retail

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Please list any organisations and/or collectives of which you are a member and your membership status (e.g. Industry Groups, Chambers of Commerce etc).

YOUR MEMBERSHIP STATUS

Certification

Information Privacy

The information you provide in this nomination form ("the Information") will be used by the Council to process and assess your nomination (including verification of the Information) and, if successful, in connection with your membership of the Economic Advisory Group.

The information may be used by the Council for reporting purposes, training, systems testing and process improvement. The information may be anonymized and used for statistical purposes.

The names of the members of the Economic Advisory Group may be published on the Council website.

The Council treats all personal information in accordance with the *Information Privacy Act 2009*.

The provisions of the Right to Information Act 2009 apply to documents in the possession of the Council.

I, the undersigned, certify that:

- I have read and understand the charter, roles and responsibilities of an Economic Advisory Group member.
- The statements in this nomination form, are true and correct to the best of my knowledge, information and supporting material are my own work.
- I give permission for Council to verify statements outlined on this form.

Signature:	Date: / /
Name in full:	
Please return completed form to: Economic Development Coordinator	

Economic Development Coordinator Burdekin Shire Council PO Box 974 Ayr Q 4807

or email burdekinsc@burdekin.qld.gov.au