

NOMINATION FORM

Nominations are sought from persons having qualifications, experience or knowledge in matters relating to the functions of the Heritage Council of Western Australia.

NOMINEE DETAILS: (Please note all fields are mandatory)				
Title:				
Full name:				
Date of Birth:				
Home address:				
	Po	stcode:		
Telephone:	Email:			
Are you of Aboriginal descent ☐or Torres Strait Islander descent ☐?				
Country of birth:				
Is a language other than English spoken at home:				
Do you have any medical conditions, injuries, or disabilities that may impact on your ability to undertake the position? * Yes No If 'Yes', please give details: *Please note, disclosure of an illness, injury or disability will not exclude an applicant. Current employer and position:				
Please indicate your skills and experience	relevant to the role (you may select more than o	ne):		
Members of the Heritage Council must have demonstrated knowledge of or experience in heritage matters, and demonstrated knowledge, experience, skills or qualifications in one or more additional skill fields under section 14 of the Heritage Act 2018 and any prescribed in the Heritage Regulations 2019				
Aboriginal cultural heritage Archaeology Architecture Construction Engineering Governance	Heritage conservation or interpretation Heritage matters History Horticulture Landscape architecture Law	Local government Property ownership, development or marketing Tourism Urban and regional planning		

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Voluntary involvement relevant to board position:		
	Qualifications: (Please include any current membership of committees and/or professional bodies)	
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Please attach proof of qualifications relevant to the position(s) applied for and any additional material to support your claims.

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Experience and work history relevant to board position:		
Describe the skills and experience you would bring as a board member of the Heritage Council:		

Please attach proof of qualifications relevant to the position(s) applied for and any additional material to support your claims.

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Please provide the contact details for two current referees that can be contacted for verification of the claims made in this application.

REFEREE 1			
Full name:			
Organisation:			
Address:			
	Postcode:		
Telephone:	Email:		
REFEREE 2			
Full name:			
Organisation:			
Address:			
	Postcode:		
Telephone:	Email:		
I confirm that all the information contained within this application is correct and I have attached my Curriculum Vitae.			
NOMINEE'S SIGNATURE			
Signed:	Date:		

Please return your completed nomination form and CV to HCWAAgendas@dplh.wa.gov.au.

Applications must be received by the Department of Planning, Lands and Heritage by 4:00pm on 11 August 2023.

Late applications will not be considered.

Contact us

Post: Locked Bag 2506 Perth WA 6001 **T:** (08) 6551 9314

FREECALL (regional): 1800 524 000 E: hcwaagendas@dplh.wa.gov.au

W: dplh.wa.gov.au