

City of Stirling Local Emergency Management Committee Nomination Form

Please print legibly in black or blue pen.

Nominee Contact Details	
Name:	
Postal Address (if different from abov	e):
Daytime Contact No:	Mobile:
Email:	
Availability	
Are you available to attend meetings o	n the third Friday at 8.00am in February, May, August and
November until October 2017? Yes	
Selection Criteria	
Please complete the selection criteria	below to outline vour suitability as a member of the Loca

Emergency Management Committee and assist the City of Stirling in making their selection.

Please describe your experience, interest and/or qualifications in matters relating to local emergency management:

- Experience
- Interest

Qualifications

Do you have a current membership or involvement with City of Stirling community groups? Yes/No

Have you previously been a member of any of the City's working groups, committees or advisory panels? Yes/No

What do you think are the three (3) most important local emergency management issues facing the City of Stirling?

What is your understanding of local emergency management related issues, for the Council, as an individual and the local and regional community?

Why do you believe you are suitable for a position on the Local Emergency Management Committee?

Please return this nomination form and any supporting documents to the Governance and Council Support Business Unit on either one of the below following contacts:

Address:	25 Cedric Street
	STIRLING WA 6021
Email:	Attn: Governance and Council Support
	stirling@stirling.wa.gov.au
	Stiming@Stiming.wa.gov.au

For further information, call 9205 8555 or visit the website at <u>www.stirling.wa.gov.au</u>.

Nominations Close 4pm, Thursday 10 September 2015 Late nominations will not be accepted