

# RADF Committee Nomination Form

**Privacy Notice:** Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of processing your application. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

**This form is to be completed when nominating for a position on the RADF Committee. The Regional Arts Development Fund supports community grant programs with three rounds each financial year. The RADF committee will assess the applications in each of these rounds. Committee members are elected for four years with an option to stand down after two years.**



**P:** 07 4932 9000 | **E:** [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au) | **W:** [www.rrc.qld.gov.au](http://www.rrc.qld.gov.au) | PO Box 1860 Rockhampton QLD 4700 | **ABN:** 59 923 523 766

<b>Nominee Details</b>		
Contact name:		
Residential address:		
Postal address: <i>(if different)</i>		
Preferred contact number:	Email:	
Please indicate if you represent one or more of the following groups:		
<input type="checkbox"/> Men	<input type="checkbox"/> Women	<input type="checkbox"/> Young people (under 26)
<input type="checkbox"/> Older persons (55 years +)		
<input type="checkbox"/> Aboriginal People	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> People with a disability
<input type="checkbox"/> Culturally and Linguistically diverse		
<b>Declaration</b>		
I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.		
Name:	Signature:	Date:
<b>Committee Experience</b>		
Have you previously been a RADF committee member with Rockhampton Regional Council and/or with another Council?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If selected yes, which Council were you previously a RADF committee member for?		
Please provide details why you would like to join Council's RADF committee?		

## Art Experience

Please indicate the art forms you have expertise in:

- |                                      |                                     |  |   |
|--------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Theatre    | <input type="checkbox"/> Dance                         | <input type="checkbox"/> Festivals                      |
| <input type="checkbox"/> Craft       | <input type="checkbox"/> Writing    | <input type="checkbox"/> Music                         | <input type="checkbox"/> Community Cultural Development |
| <input type="checkbox"/> Design      | <input type="checkbox"/> Multimedia | <input type="checkbox"/> Museums and Cultural Heritage |   |

Please list memberships with any arts and cultural organisations and/or collectives *(including current membership status)*:

## Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

- ☐ Current resume/CV
- ☐ Letters of support from organisations/collectives you are currently a member of.