

Local Government DAP Member Nomination Form

Local Government	[insert LG]
DAP Name	[insert DAP name]

DAP Member 1		DAP Member 2	
Name	[insert name]	Name	[insert name]
Address	[insert address]	Address	[insert address]
Home Phone	[insert number]	Home Phone	[insert number]
Mobile	[insert number]	Mobile	[insert number]
Email	[insert email]	Email	[insert email]
Date of Birth	[insert DOB]	Date of Birth	[insert DOB]
Employer name/s	[insert name/company]	Employer name/s	[insert name/company]
Occupation	[insert position details]	Occupation	[insert position details]

Alternate DAP Member 1		Alternate DAP Member 2	
Name	[insert name]	Name	[insert name]
Address	[insert address]	Address	[insert address]
Home Phone	[insert number]	Home Phone	[insert number]
Mobile	[insert number]	Mobile	[insert number]
Email	[insert email]	Email	[insert email]
Date of Birth	[insert DOB]	Date of Birth	[insert DOB]
Employer name/s	[insert name/company]	Employer name/s	[insert name/company]
Occupation	[insert position details]	Occupation	[insert position details]

Note: Employment details are required for Cabinet submissions and to determine if nominees are entitled to fees in accordance with the Premiers Circular 2010/02.

Name and contact details of local government minute taker and/or DAP meeting contact:Name: [insert name]Phone: [insert number]Email: [insert email]

DAP Secretariat use only - Date Received: [insert date] Date Registered: [insert date]