



**Social Health and Inclusion Port (SHIP) Project
Community Committee Nomination Form
2017**



Name:
Address:

Phone no(s):

Email:

Why would you like to be involved in the SHIP Community Committee?

Please provide a brief outline of skills, knowledge and experience that you think you would bring to the Committee

Meetings will be held bimonthly on a Monday 2-4pm at a local venue. The first meeting is on Monday 20th February.

Does this suit you YES NO if not suggest another time

Referees (please include name and contact number)
In line with ISCHS' Recruitment Policy part of recruiting Committee members is to contact referees in order to ensure that it is a fair and equitable process.

1. _____

2. _____

Thank-you for your interest in being a member of the SHIP Community Committee.

Closing date: Friday 10th February

We will inform you about the success of your application and may be in touch to chat about your application more.

Please email or mail this form to:

Sally Rossiter
SHIP- Health Promotion Officer
Inner South Community Health Service
341 Coventry St
South Melbourne Vic 3205

Email: srossiter@ischs.org.au Fax: 9696 7228

This Nomination Form is intended as a guide only and you are more than welcome to provide any additional information in your application.