



Aged Care Compliance and Assurance Committee Nomination for Membership

Please submit your completed application, marked

“Confidential – Expressions of Interest – External Independent Member to the Uralla Shire Council Aged Care Compliance and Assurance Committee.”

By email:

Applications close at 5:00pm AEDT on Friday, 6 June 2025

NOMINEE DETAILS

Name		
Company Name		
ABN (if applicable)		
Address		
Postal Address <i>(if different from above)</i>		
Contact Numbers	Phone	Mobile
Email Address		

PROFESSIONAL EXPERIENCE

1. Please provide details of your education and professional memberships.

4. Please provide information in relation to work and/or other related experience in the following specific areas:

- Aged Care experience
- Compliance experience
- Quality Assurance experience

5. Please list any potential conflicts of interest you may have if successfully appointed to the Committee?

6. Please attach any other documentation in support of your application (e.g. your resume including references/referees)

DECLARATION

<i>Please complete and sign:</i>

I _____ acknowledge that the information provided on this
Nomination Form is true and correct.

Date: / /2025