



## 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

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

### PROFESSIONAL EXPERIENCE

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






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

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Date:        /        /2025