

## Community Advisory Group Nomination

I (name) ..... wish to submit my nomination for the Advisory Group detailed below (please tick one only – i.e. complete one nomination form per group if you wish to nominate for more than one group)

- ☐ Arts Advisory Group
- ☐ Community Safety and Crime Prevention Advisory Group
- ☐ Inclusive Community Advisory Group
- ☐ Public Health Advisory Group

Address: .....

Phone number: .....

Email: .....

Please provide a short description of why you would like to be involved in the above Advisory Group (attach relevant supporting document e.g. resume)

I agree to comply with the Terms of Reference for the Advisory Group.

.....  
Nominee's signature

.....  
Date

Please return the completed nomination form **before 17 October 2025** to the City of South Perth, Cnr Sandgate St & South Tce, South Perth or email to [enquiries@southperth.wa.gov.au](mailto:enquiries@southperth.wa.gov.au)