

NOMINATION FORM

Urban Greening Advisory Group

To be a member of the City's Urban Greening Advisory Group, you must be an elector (be on the electoral roll) of the City of South Perth.

Nominations close at 4pm, Tuesday 28 April 2026.

Before you proceed any further with your nomination, please confirm that you meet the following criteria:

- are an elector of the City of South Perth
- have read and accepted the Urban Greening Advisory Group Terms of Reference.

Please answer all questions.

1. First name: _____

2. Surname: _____

3. Address: _____

_____ **Postcode:** _____

4. What is your suburb?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Como | <input type="checkbox"/> Salter Point |
| <input type="checkbox"/> Karawara | <input type="checkbox"/> South Perth |
| <input type="checkbox"/> Kensington | <input type="checkbox"/> Waterford |
| <input type="checkbox"/> Manning | <input type="checkbox"/> Other (please specify) _____ |

5. Contact number: _____

6. Email address: _____

7. Age group: (please tick)

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-24 years | <input type="checkbox"/> 45-54 years |
| <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 55-64 years |
| <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 65+ years |

8. How would you describe your gender: (please tick)

- | | |
|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> In another way | <input type="checkbox"/> Prefer not to say |

9. Were you born in Australia?

- Yes
- No. Please specify country: _____

10. Do you ever speak a language other than English at home?

- Yes always
- Yes sometimes
- Never

11. Do you identify as Aboriginal or Torres Strait Islander?

- Yes
- No
- Prefer not to say

12. Do you have a disability, or do you care for a family member with a disability?

- Yes
- No

13. Which situation best describes you?

- | | |
|---|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Stay at home carer |
| <input type="checkbox"/> Employed/self-employed | |
| <input type="checkbox"/> Other (please specify) _____ | |

14. If you are working or volunteering, which industry do you work in?

15. Please tell us why you want to join the Urban Greening Advisory Group.

16. What skills and experience will you bring to the Urban Greening Advisory Group?

Thank you for your interest in joining the Urban Greening Advisory Group.

The final decision on membership will be made by the CEO of the City of South Perth.

Nominees under 18 must have their nomination reviewed and signed by a parent, guardian, or responsible adult.

By signing this form, I declare that all information is true and correct.

Signed: _____

Date: _____

I confirm that I am the parent, legal guardian, or responsible adult of the nominee named above and that I approve their nomination and participation.

Name: _____

Email address: _____

Signed: _____

Date: _____

Relationship to Nominee: _____