



City of
Mount Gambier

Mount Gambier Regional Sports and Recreation Centre Community Reference Group Application Form

Thank you for your interest in becoming a member of the Mount Gambier Regional Sports and Recreation Centre (MGRSRC) Community Reference Group.

Please read the information provided and take the time to answer the questions in each section.

Any additional supporting information can be attached to this form, but please limit this to no more than ten additional pages. The MGRSRC Committee will assess your application based on the information you have provided.

Notification of outcomes will be in writing whether your application has been successful or not.

Applications must be received by 5.00 pm on 5 July 2018.

Late applications will be considered at the discretion of the City of Mount Gambier.

Application forms and supporting documents should be addressed for attention to '*MGRSRC Community Reference Group*' and returned to:

City of Mount Gambier
PO Box 56
Mount Gambier SA 5290

city@mountgambier.sa.gov.au

For further information visit www.haveyoursaymountgambier.com.au or phone Danielle Leckie on 08 8721 2555.

SECTION A: Terms of Reference

Before completing this application form, it is important that you read the MGRSRC Community Reference Group Terms of Reference.

After reading the Terms of Reference, please tick, sign and date the checklist below.

Checklist

- I have read the MGRSRC Community Reference Group Terms of Reference.
- I understand that the Community Reference Group is an advisory group formed to provide perspectives in relation to the functionality and operations of the proposed MGRSRC.
- I understand that the MGRSRC Community Reference Group represents various opinions within the community.
- I understand that I may be required to read material provided to me prior to meetings so I can effectively participate in Community Reference Group discussions.
- I understand that as a member of the Community Reference Group I cannot make comments to the media on behalf of the Community Reference Group.
- I understand that membership of the Community Reference Group is voluntary and I will not be paid or reimbursed for time or costs related to my membership with the group.

If my application is successful, I will be representing a:

- | | |
|---|--|
| <input type="checkbox"/> Primary school | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> Local Swim School Provider | <input type="checkbox"/> Allied Health Care Provider |
| <input type="checkbox"/> Retirement/Residential Care Facility | <input type="checkbox"/> Child Care Provider |
| <input type="checkbox"/> Community Youth Group | <input type="checkbox"/> Sporting/Recreation Club |
| <input type="checkbox"/> Netball | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Other Community Groups | |

By submitting this application I agree to the above and to be bound by the Community Reference Group Terms of Reference.

Name:

Organisation/s:

Signature: Date:

SECTION C: Applicant Personal Details

Title: Miss Mrs Ms Mr Other:

First name: Surname:

Mailing address:
.....Postcode:

Residential address:
.....Postcode:

Phone number:(Home) (Work)
..... (Mobile) (Fax)

Email address:

Occupation / Organisation:
.....