

DEVELOPMENT ASSESSMENT PANELS LOCAL GOVERNMENT MEMBER NOMINATION

Please complete the form and submit to daps@dplh.wa.gov.au.

Local Governme	nt			
DAP Name				
		Member 1		Member 2
Name		Member		
Address				
Phone				
Email				
Date of Birth				
Sex				
*Employer Name/s				
*Position/s				
*Employment Status	Full Time	Part Time/Casual - Specify hours per week	Full Time	Part Time/Casual - Specify hours per week
*Eligibility for Payment	Yes	No	Yes	No
	Al	ternate Member 1	A	Iternate Member 2
Name				
Address				
Phone				
Email	Months			
Date of Birth	WWW.			
Sex				
*Employer Name/s		1.11		
*Position/s				
*Employment Status	Full Time	Part Time/Casual - Specify hours per week	Full Time	Part Time/Casual - Specify hours per week
*Eligibility for Payment	Yes	No	Yes	No
* The employment member. Eligibility i	details refer on for DAP sitting fee	ly to external employment and es is determined in accordance w	does not include y ith the <u>Premier's Cir</u>	rour role as a Local Government <u>cular 2017/18</u> .
LOCAL GOVERN	IMENT CONTA	CT DETAILS - MINUTE TAP	(ER	
Name				
Phone		Email		