

DEVELOPMENT ASSESSMENT PANEL NOMINATION FORM

Local Government:	DAP Name:
Nominated Local DAP Member 1	Nominated Alternate Local Member 1
Name: Address: Phone: Mobile: Email: Date of Birth: Employer name(s): Position(s):	Name: Address: Phone: Mobile: Email: Date of Birth: Employer name(s): Position(s):
Nominated Local DAP Member 2	Nominated Alternate Local Member 2
Name: Address: Phone: Mobile: Email: Date of Birth: Employer name(s): Position(s):	Name: Address: Phone: Mobile: Email: Date of Birth: Employer name(s): Position(s):

Note: Employer name and position details are required for Cabinet submission and to determine if the nominee is entitled to be paid fees in accordance with the Premiers Circular 2010/02.

Name and contact details of local government minute taker and/or DAP meeting contact (if known):

Name: _____ Phone: _____ Email: _____

DAP Secretariat Use

Date received: _____ Officer Name: _____ Date Registered: _____