



Member Nomination Form

Prisoner Work Camps
Community Liaison Group

PERSONAL DETAILS

FIRST NAME: LAST NAME:.....

ADDRESS: POST CODE:

TELEPHONE (A/H): (WK): (MOB):.....

FACSIMILE: EMAIL:

SELECTION CRITERIA

Please provide a short response to the following criterion and provide relevant examples where applicable.

Please demonstrate that you are/have:

- 1. A local resident or business interest

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- 2. Committed to local issues (involvement in local community activities and initiatives)

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- 3. Experienced and/or knowledgeable in applying for community grants (desirable only)

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4. Demonstrated an interest and commitment to the rehabilitation of prisoners

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5. Been a representative from a community group/organisation where prisoners have completed projects (desirable only)

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COMMITMENTS OF THE POSITION:

- Positions are for two years after which you can nominate again.
- Previous membership may not guarantee reappointment.
- Positions on the committee are voluntary and no sitting fees are paid.
- Meetings are generally held four times a year but can be more frequently if there is a need.

Please indicate when you are available for meetings.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
Evening					

FOR MORE INFORMATION:

If you need more information please contact the Manager, Work Camps on 9264 1951 or visit www.correctiveservices.wa.gov.au

NOMINATION FORMS ARE TO BE SUBMITTED BY:

Post

Manager Work Camps
Department of Corrective Services
PO Box F317
PERTH WA 6000

Email

workcamps@correctiveservices.wa.gov.au