

NOMINATION FORM



AUDIT COMMITTEE INDEPENDENT CHAIR AND /OR MEMBER EXPRESSION OF INTEREST

Please complete this form and return attention to the Chief Executive Officer before **5pm on Monday, 5 October 2020**:

- **By post:** City of Victor Harbor, PO Box 11. Victor Harbor SA 5211
- **By email:** localgov@victor.sa.gov.au
- **In person:** 1 Bay Road, Victor Harbor

Note: if you require additional space, please attach further pages to this form.

Name:

Address:

Phone: **Mobile:**

Email:

Tertiary qualifications and/or high level experience in accounting, business, audit and/or risk management

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Sound committee chairing / meeting skills – experience on audit or similar committee / board

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Relevant understanding of the City of Victor Harbor community

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Local Government exposure

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High level verbal communication skills

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Well developed interpretative and analytical skills

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Referees – Names, position, contact details

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Current Curriculum Vitae attached: Yes No

Signature: **Date:**