

Application Form

Expression of Interest for appointment as a member of the
CCNRM Regional Committee

Personal details

Name

Residential address:

State: _____

Postcode: _____

Telephone:

(Mobile)

(Work)

(Home)

Email:

Occupation:

Organisation (if applicable):

Professional qualifications
(in brief):

Position Applied For

Aboriginal Community Member

Independent Member

About You

1. What interests you about serving on the Cradle Coast NRM Committee?

2. What skills, experience, knowledge or perspectives would you bring to the Committee?

Please include any experience relevant to leadership, governance, natural resource management, community engagement, Aboriginal partnerships, agriculture, conservation, science, climate resilience, regional development or other relevant fields.

3. Connection to the Cradle Coast Region

Please describe your connection to the Cradle Coast region and your interest in its future.

Areas of Experience and Interest

Please indicate any areas in which you have experience, knowledge or strong interest.

- Aboriginal knowledge and Caring for Country
- Biodiversity conservation and threatened species
- Sustainable agriculture and productive landscapes
- Rivers, wetlands and waterway health
- Coastal and marine environments
- Climate adaptation and resilience
- Natural capital, carbon or biodiversity markets
- Community engagement and environmental education
- Regional development and sustainable land use
- Governance and strategic planning
- Science, research and monitoring
- Business leadership
- Other:

Community and Professional Involvement

Please list any boards, committees, community groups, professional associations or volunteer organisations you are involved with.

Conflicts of Interest

Please disclose any actual, potential or perceived conflicts of interest that may be relevant to your appointment.

Supporting Documentation

Please attach:

- Current résumé or curriculum vitae
- Expression of interest (this form)

Disclosure

I declare that the information provided in this application is true and correct to the best of my knowledge.

I understand that, if appointed, I will be required to comply with the Cradle Coast Authority Code of Conduct, confidentiality requirements and conflict of interest provisions.

Signature: _____ Date: _____

Lodgement

Please **email** this completed application form in addition to your statement addressing the membership criteria and your current Curriculum Vitae (CV) or Résumé to:

admin@cradlecoast.com

For enquiries, please phone Dr Bonnie Bonneville bbonneville@cradlecoast.com or (03) 6433 8400

Applications close **11:59 pm Sunday 12th July 2026**