

KCGM COMMUNITY REFERENCE GROUP APPLICATION FORM

First Name:	Surname) :	
Address:			
Phone number:	Email:		
Please send biography or any docume	ents that may be re	elevant to your application.	
CRG MEMBERSHIP			
As a resident of Kalgoorlie-Boulder, who	at community issue	es are most important to you?	
Which community interest areas do you Education Seniors Indigenous Sports	u think you represe Environment Local Business	ent? (Please tick all that apply) Tourism Health Arts Community	
MEMBER DETAILS			
Please tell us why you think you would l Reference Group (CRG)?	be a valuable cont	ntributor to the KCGM Community	

What is your understanding of the role of the KCGI	M Community Reference Group (CRG)?		
What participation and committee experience do community groups?	you have in volunteering and		
Can you commit to attend meetings and be avail community to participate as a CRG member?	able when required by the CRG or		
Do you have any actual, potential, or perceived c	conflicts of interest to declare in applying		
CONSENT			
I have read and understood the informatio	I have read and understood the information contained in the CRG Guidelines;		
I consent to the personal details provided in disclosed by the KCGM CRG;	n my attached application being used and		
I consent to my photo being used.			
Signed:	Date:		
Thank you for taking the time to complete this app	lication form		
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Please return completed application forms to:	KCGM External Relations Advisor,		
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PMB 27, Kalgoorlie WA 6433,

Ph: 9022 1343 or email: cweir@nsrltd.com