# SMCT Community Advisory Committee Application Form

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| First Name:  |  |
| Surname: |  |
| Title: |  |
| Postal Address: |  |
| Telephone:  |  |
| Email:  |  |
| Country of birth:  |  |
| Language(s) spoken:  |  |
| Current job title/role in the community: |  |

**Attach your resume (this will assist SMCT in further understanding your skills and experience)**

All applicants to the SMCT Community Advisory Committee will be broadly selected on the criteria below, along with your responses that demonstrate experience and ability to meet them:

1. Capacity to reflect views of our community;
2. Links to community and /or consumer groups;
3. Able to bring knowledge of the opinions and policies of community groups to the committee.

## As part of your application, please explain ways in which you meet the above selection criteria:

1. Describe your capacity to reflect views of our community.
2. What local community groups or organisations are you connected with? Please describe your community links. (i.e. memberships of community associations or interest groups, religious or cultural groups, board positions, volunteer work, etc.)?
3. Describe your ability to bring knowledge of the opinions and policies of community groups to the committee.
4. What is your professional background, education and community experience?
5. Why would you like to be involved as a member of the Community Advisory Committee?
6. Given the opportunity as a member of the Community Advisory Committee, what would you like to see the committee achieve during your term?
7. Do you have an interest in particular aspects of cemetery service delivery?
8. Being a committee member requires strategic thinking, effective participation, and a commitment to attend at least four (4) meetings annually plus preparation or attendance at other events by invitation. Please describe your suitability for the role and if there is anything that may restrict your ability to participate fully.

Please provide contact details of one referee that can be contacted regarding your application.

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| **Referee Details** |
| Name: |  |
| Title: |  |
| Telephone Number: |  |
| Email: |  |
| How long have you known the referee? |  |
| Nature of relationship: |  |

Please return the completed form to:

Post: Attn: Chief Customer Officer

SMCT Community Advisory Committee

PO Box 1159

CLAYTON VIC 3169

Email: community@smct.org.au

**NOTE: *Individuals who are directly involved in or employed by funeral directors, stonemasons or in the provision of cemetery sector services are not eligible for membership to the SMCT Community Advisory Committee.***