



## WEST ARNHEM REGIONAL COUNCIL

# MANINGRIDA WARD CASUAL VACANCY NOMINATION FORM

I, \_\_\_\_\_  
(Name of Nominee)

DATE:     /     / 2024

would like to nominate to represent MANINGRIDA on the West Arnhem Regional Council.

### CANDIDATE DETAILS

ADDRESS: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I have provided one of the following (please tick):

- Written submission (use form below)
- 3 minute video submission

Outlining why I want to nominate.

Please email submissions to [governance@westarnhem.nt.gov.au](mailto:governance@westarnhem.nt.gov.au) or send to your local Council Services Manager.



## Written submission

*Please explain in the box below:*

- 1. why you want to be a member of the West Arnhem Regional Council*
- 2. what qualities can you contribute to the West Arnhem Regional Council*

Please email this completed Nomination Form to [Governance@westarnhem.nt.gov.au](mailto:Governance@westarnhem.nt.gov.au) or hand to your local council staff.

