



Community Grants Program Assessment Panel Nomination Form

Name: _____

Email: _____

Contact number: _____

Involvement in community life and local knowledge:

Why would you like to be part of the Community Grants Program Assessment Panel?

Include attachments if needed. Attachments Yes No

I understand that to accept this position (if successful), I will need to sign the Community Grants Assessment Panel Code of Conduct

Return form to a Central Highlands Regional Council office or transaction centre, or return by email to enquiries@chrc.qld.gov.au