REGIONAL ARTS DEVELOPMENT FUND

COMMITTEE MEMBER EXPRESSION OF INTEREST

The Regional Arts Development Fund (RADF) is a partnership between the Queensland Government and Etheridge Shire Council that supports local arts and cultural development.

The Etheridge Shire Council RADF Committee provides advice and recommendations to Council regarding RADF funding applications, arts and culture planning, and other matters referred to the Committee by Council.

1. APPLICANT DETAILS

Applicant full name	
Residential address	
Postal address	
Email	
Phone number	

2. CONNECTION TO THE ETHERIDGE SHIRE COMMUNTIY

Select relevant	Select relevant
☐ Resident	☐ Artist or creative practitioner
☐ Business owner/operator	☐ Educator
☐ Community organisation member	☐ Young person (under 25)
☐ Volunteer	
☐ Other (please provide details):	

3. ARTS, CULTURAL AND COMMUNITY EXPERIENCE

Please provide a brief summary of your involvement, experience or interest in arts, culture and community activities.

4. SKILLS AND KNOWLEDGE

Please indicate any experiences, knowledge or skills that may assist you in contributing to the RADF Advisory Committee.

Select relevant	Select relevant
☐ Arts and culture	☐ Project/event management
☐ Community development	☐ Marketing and communications
☐ Governance and committee experience	☐ Education and Training
☐ Cultural Heritage	☐ Education and Training
☐ Financial management	☐ Tourism
☐ Other (please provide details):	

5. INTEREST IN MEMBERSHIP

Why would you like to become a member of the Etheridge Shire RADF Committee?

6. COMMITTEE RESPONSIBILITIES

Committee members are expected to:

- Act impartially and in the interests of the community.
- Assess applications against the RADF Program Guidelines.
- Declare conflicts of interest.
- Maintain confidentiality regarding applications and committee discussions.
- Attend committee meetings where possible.

I acknowledge and agree to these responsibilities.	☐ YES	☐ NO

7. CONFLICT OF INTEREST DECLARATION

Do you have any actual, perceived or potential conflicts of interest that Council should be aware of?
☐ NO
☐ YES

If yes, please provide details:

8. ADDITIONAL INFORMATION (OPTIONAL)

Please provide any additional information you would like the Committee to consider.

9. APPLICATION DECLARATION

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

I understand that appointment to the Etheridge Shire RADF Committee is subject to consideration by the existing RADF Committee and endorsement by Council where required.

Applicant Name:	
Signature	
Date	____ / ____ / _____

OFFICE USE ONLY
Applicant Name:
Meeting Date:
Discussion Notes:
Motion:
Mover:
Seconder:
Outcome: ☐ Appointed ☐ Not Appointed
Chairperson Signature:
Date: