

Reserves: Statutory Land Manager Board Membership application

This form is to be used when applying to become a board member of a Statutory Land Manager under the *Crown Land Management Act 2016.*

Important information

In order for your application to be properly assessed, all sections of this form (where applicable) must be completed, in detail. Applicants must be 18 years of age. If you are a current or past board member, you are required to complete all sections of this form in detail. Reliance on previous experience and time served as a board member is not sufficient evidence of your skills & experience.

About Board Membership

The Department of Planning, Industry & Environment—Crown Lands is seeking community minded individuals to participate in the management of Crown land. Crown reserves are diverse and make a positive contribution to the social, economic, environmental and cultural landscape of the state. They are our showgrounds, racecourses, surf lifesaving clubs, parks, sporting venues, foreshores, caravan parks, recreational trails, nature reserves and community halls. Across NSW, more than 7,500 Crown reserves are being managed by a network of community minded organisations such as local councils, incorporated associations, not for profit corporations and over 600 individual volunteer boards.

A Crown land manager is the name given to an entity that is appointed to be responsible for the care, control and management of Crown reserves on behalf of the people of NSW. A statutory land manager is an entity established to enable individuals to participate in the management of Crown reserve.

We are seeking to attract people to our volunteer boards from a wide-range of backgrounds with a diversity of skills, expertise and interests who are passionate about public land management and the benefits it provides to the local community. A willingness to work with others as part of a team is a must. Board members commit to regularly scheduled face to face meetings, as agreed by the appointed board. The Department of Planning, Industry & Environment—Crown Lands provides regular communication with all its Crown land managers to assist them in their efforts.

Contact us

For more information, please contact us at:

NSW Department of Planning, Industry & Environment—Crown Lands PO Box 2185

DANGAR NSW 2309

Phone: 1300 886 235 Fax: 02 4925 3517

Email: reserves@crownland.nsw.gov.au

Web: industry.nsw.gov.au/lands



Privacy statement

The personal information you provide on this form is subject to the Privacy & Personal Information Protection Act 1989. It is being collected by NSW Department of Industry and will be used for purposes related to this application. NSW Department of Planning, Industry & Environment will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary or required to be supplied. If you choose not to provide the requested information we may not be able to process this application. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained from the NSW Department of Planning, Industry & Environment website at www.industry.nsw.gov.au/legal/privacy

Applicant details

3. Do you speak a language other than English at home?*

| | | | | | | during your de be completed | | | ment of Planning, d. |
|--|-----------------|-------------|---------------|-------------|---------|------------------------------------|--------|--|--------------------------------|
| Salutation | ☐ Mr | ☐ Mrs | ☐ Ms ☐ |] Miss [| Dr [| Other: | | | |
| First Name | | | | | | Middle Name | | | |
| Surname | | | | | | Date of Birth | | | |
| Home | | | | Work | | | Mobile | | |
| | ns. This | includes, | but is not li | mited to, i | mportan | by the departn t information, n | | | ents, awards, |
| Email | | | | | | | | | |
| Residential Ac | ldress | | | | | | | | |
| Postal Addres | S | | | | | | | | |
| Applica | nt Ir | nform | ation | | | | | | |
| | oards. <i>P</i> | All data re | eported wil | | | | | | of reporting on acy & Personal |
| 1. Do you identify as an Aboriginal or Torres Strait Islande | | | | Islander | ?* ☐ Y€ | es | ☐ No | | |
| 2. Were either of your parents born overseas?* | | | | | ☐ Ye | es | ☐ No | | |

Yes

☐ No



| 4. Do you have a culturally and lin | nguistically diverse background?* | | Yes. If yes please provide details below |
|---------------------------------------|-----------------------------------|------|--|
| | | | No |
| | | | |
| | | | |
| | | | |
| 5. Do you identify as a person with | h a disability?* | | Yes. If yes please provide details below |
| | | | No |
| | | | |
| | | | |
| | | | |
| | | | |
| Expressing interes | st in vacancy | | |
| I would like to apply for appointr | ment as a Board member to ma | anag | ge the affairs of the following Crown land |
| Name of Reserve/Dedication | | | |
| Name of Crown Land Manager (if known) | | | |
| Reserve Number (if known) | | | |
| Proposed position | Board Member / Ex Officio / | | |



Applicant's Skills, Experience and Memberships

Successful boards have a membership with a variety of skills and experience. The information below will be used to help assess your application to be a board member:

| 1. | Are you a public servant? | ☐ Yes [| ☐ No | | |
|-----|--|--------------------------|---------|---------------------------|--------------------------------|
| 2. | What is your current occupation? | | | | |
| 3. | If no current occupation, pleas | e provide details on y | our m | ost recent occupation? | |
| | | | | | |
| | | | | | |
| 4. | Please detail the skills and exp technical or trade skills, marke | | | | s, business experience, |
| | technical of trade skills, marke | ung, imormation teem | lology | etc. | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 5. | Please list any professional me | embership/s, tertiary o | or trad | e qualifications: | |
| Qu | alification | | Da | ate Completed | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. | Please provide membership de of the Reserve. | etails of any special in | terest | groups, including members | ship of any current user group |
| Gre | oup | Position | | Period of Service | Number of times appointed |
| | | | | | |



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|----|---|---------------------------|----------|---|---------------------------|--|--|--|--|--|
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 7. | Please list any other interest or | hobbies which you think m | av be r | elevant: | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | A 100 1 11 4 4 | | | | | | | | | |
| 8. | Are you willing and able to atte bees on the reserve, as require | | rking | ☐ Yes | | | | | | |
| | | | | ☐ No. If no, please provide details as to why | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 9. | Are you a member of any othe boards or committees? | r Government or non-Gover | rnment | Yes. If yes plea | ase provide details below | | | | | |
| | | | | □ No | | | | | | |
| | | | | | | | | | | |
| Вс | pard / Committee | Position | Period | d of Service | Number of times appointed | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 10 | . Are you named in the Lobbyist | register? | | | | | | | | |
| | p://www.dpc.nsw.gov.au/progra | | register | | ovide details below | | | | | |
| | | - | | ☐ No | | | | | | |
| | | | | | | | | | | |



| 11. I enclose a application | copy of my current Resume in support of my | | Yes. Please attach and complete 'supporting documentation checklist' | | |
|--------------------------------------|--|--------|---|--|--|
| | | | □ No | | |
| | copy of my driver's licence or other photograp on for proof of identification purposes in suppo | | Yes. Please attach and complete 'supporting documentation checklist' | | |
| | | | □ No | | |
| 13. Do you cui number? | rrently have a WWCC authorisation reference | ce | Yes. Please attach and complete 'supporting documentation checklist' | | |
| | n reserve is regularly used by children under the beneficial to your application to provide a umber. | | □ No | | |
| reference r encourage | eer it is free to apply for a WWCC certificate a number. Whilst not a mandatory requirement, we board members to think about the safety of checrown reserve. | ve | Please refer to the following website to apply for a working with children check, it is free for volunteers. https://www.service.nsw.gov.au/transaction/apply- | | |
| | | | working-children-check | | |
| Referee It is a mandate application: | | contac | ct details of two (2) referees in support of your | | |
| First Name | | Surnam | ne | | |
| Address | | | | | |
| Contact Number | er | | | | |
| Email | | | | | |



| First Name | | | Surname | | | | | | |
|------------|----------------|---|---------|--|--|--|--|--|--|
| Address | | | | | | | | | |
| Cor | Contact Number | | | | | | | | |
| Em | ail | | | | | | | | |
| D | Declaration | | | | | | | | |
| 1. | | ever been declared bankrupt or sought protection | on Yes | s. If yes, please confirm details | | | | | |
| | | | □ No | | | | | | |
| | | | | | | | | | |
| 2. | overseas c | ever been convicted anywhere in Australia or f an offence that, if committed in NSW, would I in NSW by at least 12 months imprisonment? | | s. If yes, please confirm details | | | | | |
| | | | - | | | | | | |
| 3. | (pecuniary | for appointment, do you have any conflict of in or otherwise) to declare? Refer to CLMA16, i; Part 4; Division 4 'Conduct of Board member | | s. If yes, please confirm details | | | | | |
| | | | 1 | | | | | | |
| 4. | circumstan | ppointed to the nominated board, are there an ces that you are aware of that may give rise to ceived or potential conflict of interest? | | s. If yes please provide details below | | | | | |
| | | | | | | | | | |



| | ted for appointment, I will be bound to act in | | ☐ Yes | ☐ No | | | | |
|---|--|--------------|----------------|-----------------|--|--|--|--|
| | wn land manager's Appointment Instrument cointment), and, the Crown Land Code of C | | | | | | | |
| (available for viewing on | | | | | | | | |
| | | | | | | | | |
| | d, and the Crown reserve is regularly accests years and younger, I may be required to | | ☐ Yes | ☐ No | | | | |
| | Children's Check and/or National Police Che | | | | | | | |
| | | | | | | | | |
| I declare, | | | | | | | | |
| | ormation given in this application are true a affect the assessment of my application. | nd correct a | and I have no | t withheld any | | | | |
| If selected for appoint before my appointment | ntment, I agree to undertake the mandatory ent will be finalised. | Crown land | d manager Ind | duction Program | | | | |
| | name and contact details of two (2) referees se of appointment to a board | s and autho | orise the Depa | artment to make | | | | |
| That consent to the collection, storage, use and disclosure of my personal and sensitive information will be in accordance with the Privacy Act 1988, for both the primary purpose of assessing my application for board membership, and if appointed, for the secondary purpose of disseminating to me information, notices and details regarding the board; and | | | | | | | | |
| sources to confirm th | | | | | | | | |
| | al information may be disclosed to other NS | | ment departn | nents and | | | | |
| | rtment of Premier and Cabinet, and/or Mini | | | | | | | |
| Please print your full name | | | | | | | | |
| Signature | ı | Date | | | | | | |
| I | | | | | | | | |
| Supporting do | cumentation checklist | | | | | | | |
| Copy of my resume to su | pport my application | | | | | | | |
| Copy of my driver's licence or photograph identification | | | | | | | | |
| Copy of my "Working with Children check (WWCC) reference number (if appropriate) | | | | | | | | |
| | • | | | | | | | |

Thank you - your application is appreciated.



Lodgement

| I | Email the completed form to: reserves@crownland.nsw.gov.au |
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| (| or |
| I | Mail to: |
| I | NSW Department of Planning, Industry & Environment—Crown Lands PO Box 2185 DANGAR NSW 2309 |
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| Office use only – Refer to the Receipting and Referrals Codes Document | | | | | | | | |
|--|--|--|------|------------|-------------------|------|-------------------|--|
| BCD | | | Code | | | | Account Number | |
| Board Category | | | | Entered by | (staff members na | ame) | | |
| Staff initial | | | | | Date | | | |

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