

# NOMINATION FORM FOR THE NT REGISTER OF PEERS

## Privacy Information

Arts NT is collecting the information in this nomination to determine your suitability for Membership of the NT Register of Peers. Arts NT will retain a copy of all nominations in accordance with s.57 of the Information Act.

To assist in the promotion and development of culture and contemporary arts in the Northern Territory, Arts NT may share information from successful nominations with related Commonwealth, State and Territory Agencies, and local and national media.

If you have any queries or wish to access the personal information, provided in this form, please contact the Departments Information Unit on (08) 8999 5511.

**Please return your completed form to: Arts NT, GPO Box 1774, Darwin NT 0801**

## 1. Name and Contact Details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Other (specify)			
Given names:							
Surname:							
Date of birth:							
Postal address:							
Suburb:		State:		Postcode:			
Telephone (Work):	( )			Mobile:			
Telephone (Home):	( )			Fax:	( )		
Email:				Web:			
Preferred contact:	Telephone (Work) <input type="checkbox"/> Telephone (Home) <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/>						
Are you an Australian citizen or permanent resident?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, what is your residency status?							
Do you identify as Aboriginal or Torres Strait Islander?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you identify as from a non English Speaking Background?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what language(s) do you speak?							

## 2. What are you main areas of expertise?

Please indicate your main area of expertise (eg. whether you are an artist, arts worker, administrator or other professional).

### 2.1 Your main area of expertise

Genre/area of practice	Specialisation	Length of experience



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### 2.2 Other areas of expertise

Genre/area of practice	Specialisation	Length of experience

### 3. Experience and Qualifications

Please attach a relevant and current CV.

### 4. Details of two Referees

Name:			
Address			
Relationship to nominee (e.g. colleague, employer):			
Email:		Phone:	

Name:			
Address			
Relationship to nominee (e.g. colleague, employer):			
Email:		Phone:	

### 5. Certification

**I, the undersigned, certify that:**

I agree for nomination to the NT Register of Peers and agree that any personal details on this form and any attachments may be recorded and used by Arts NT.

I confirm that I am a current resident of the Northern Territory and that the details provided are correct to the best of my knowledge.

I have the approval of my nominated referees to offer their names and I have no objection to them being contacted without my further consent.

I have attached my statement against the selection criteria as stated in the NT Register of Peers Guidelines.

Signature:		Date:	/	/
Name in full:				