

RAP Advisory Group
Expression of Interest Form

First Name _____ **Surname** _____

**Language Group/
Mob (if applicable)** _____

Street address _____

Suburb _____ **Postcode** _____

Email _____ **Phone Number** _____

Please Circle One

I am not Aboriginal or
Torres Strait Islander

I am Aboriginal

I am Aboriginal and
Torres Strait Islander

I am Torres Strait
Islander

Why would you like to join the Kingston RAP Advisory Group?

What is your connection to the City of Kingston?

What skills do you plan to contribute to the Advisory Group?

RAP Advisory Group Conditions of Membership

- I will agree to the 'Terms of Reference' protocols as set by the City of Kingston.
- I will agree to the 'Code of Conduct' protocols as set by the City of Kingston.
- I understand my role to ensure cultural safety of all attendees.
- I will actively participate in the RAP Advisory Group in a positive and supportive way that underpins the guidelines.
- I can attend RAP Advisory meetings, which are held 4 times per year.

Date	
Applicants Name	
Applicants Signature	