

	ROUS COUNTY COUNCIL	NOMINATION FORM 2022 Reconciliation Action Plan (RAP) Advisory Group Chair
We nominate:		
.....		
<i>(Councillor name)</i>		
for the position of Chair of the RAP Advisory Group.		
.....		
<i>(Councillor/signature)</i>		
.....		
<i>(Councillor/signature)</i>		
Date:		
I consent to the nomination.		
.....		
<i>(Councillor/signature)</i>		
Date:		



NOMINATION FORM 2022
Reconciliation Action Plan
(RAP) Advisory Group
Alternate Chair

We nominate:

.....
(Councillor name)

for the position of alternate Chair of the RAP Advisory Group.

.....
(Councillor/signature)

.....
(Councillor/signature)

Date:

I consent to the nomination.

.....
(Councillor/signature)

Date: