



**NOMINATION FORM**  
**Reconciliation Action Plan**  
**(RAP) Advisory Group**  
**Chair**

We nominate:

.....  
(Councillor name)

for the position of Chair of the RAP Advisory Group.

.....  
(Councillor/signature)

.....  
(Councillor/signature)

Date:

I consent to the nomination.

.....  
(Councillor/signature)

Date:



**ROUS**  
COUNTY COUNCIL

**NOMINATION FORM**  
**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: