# Graphical user interface, application Description automatically generated

**Queensland DFV Peak Advisory Group**

## Nomination Form

**Nominations**

The Terms of Reference for the Queensland DFV Peak Advisory Group (‘the Advisory Group’) set out important details about eligibility for appointment to the Advisory Group as well as meeting frequency and renumeration. The Terms of Reference should be considered carefully before a nomination is made.

To nominate for the Advisory Group this form must be completed and returned with a resume and candidate statement responding to the eligibility criteria within the Terms of Reference to the Advisory Group secretariat at [victorial@qcoss.org.au](mailto:victorial@qcoss.org.au) by no later than **5:00pm, 8 July 2024.**

All nominations must be signed by the nominee and an authorised officer of the organisation or network that endorses the nominee’s application.

Nominations will be assessed by a panel appointed by QCOSS.

The panel will invite a shortlist of nominees to interview.

It is anticipated that that appointment to the Advisory Group will be finalised by 9 August 2024 with the inaugural meeting to be held in August 2024 (date to be advised).

**Queensland DFV Peak Advisory Group Nomination Form**

|  |  |
| --- | --- |
| **To be completed by nominee** | |
| **Nominee Name (please print):** | |
| **Nominee Address:** | |
| **Nominee Contact details: Email:**  **Tel:** | |
| **Do you identify as Aboriginal or Torres Strait Islander: Yes  No** | |
| **Gender: Woman  Man  Transgender  Non-Binary/Non-Conforming**  **Prefer Not to Respond** | |
| **Signature (nominee):** | **I confirm I have read the terms of reference and am eligible and able to participate in the Queensland DFV Peak Advisory Group**  **Signature:** |
| **Date:** |  |
| **To be completed by endorsing domestic and family organisation or network** | |
|  | Organisation Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Is your organisation a domestic and family violence service or network?**  Yes  No  **Does your organisation/network provide services or focus on (please tick all that apply)**   * Prevention * Response * Recovery (including women’s health) * Perpetrator services   **Does your organisation have a focus on working with (please tick all that apply)**   * First Nations People * People from Culturally and Linguistically Diverse backgrounds * LGBTIQ+ people * People with a disability * Young people |
| **Endorsement Organisation or Network Authorised Officer/Representative**  **I confirm I have read the terms of reference and endorse this nomination for the Queensland DFV Peak Advisory Group** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |