

Penrith Performing & Visual Arts Ltd

ART FORM COMMITTEE APPLICATION FORM

Contact details											
First name			Last name								
Preferred salutation		Dr/ Mrs/ Miss/ Mr/ Ms			Post nominal (if any)						
Street address						NSW	2.....				
Postal address (if different)											
Tel (BH)		<input type="checkbox"/>	Tel (AH)		<input type="checkbox"/>	Mobile		<input type="checkbox"/>			
Email								<input type="checkbox"/>			
<i>Please also indicate your preferred contact by ticking box adjacent.</i>											
Personal details											
Please describe your reasons for applying to be a community advisor on a PP&VA art form committee											
Which committee are you interested in joining?											
Visual arts			<input type="checkbox"/>			Performing arts			<input type="checkbox"/>		
PP&VA seeks to ensure diverse skills sets across its Community Advisors - please indicate your professional skills, art form interest areas or expertise that you would bring to the Committee:											
Legal	<input type="checkbox"/>	Business	<input type="checkbox"/>	Management	<input type="checkbox"/>	Accountancy/Finance	<input type="checkbox"/>	Fundraising/Development	<input type="checkbox"/>		
HR	<input type="checkbox"/>	Government	<input type="checkbox"/>	Arts practice	<input type="checkbox"/>	Arts management	<input type="checkbox"/>	Education	<input type="checkbox"/>		
IT	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Planning	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Infrastructure	<input type="checkbox"/>		
Retail	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Governance	<input type="checkbox"/>	Social services	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Arts Programming		<input type="checkbox"/>	Arts Practice		<input type="checkbox"/>	Arts Management		<input type="checkbox"/>	Public Programs		<input type="checkbox"/>
Education		<input type="checkbox"/>	Community Arts		<input type="checkbox"/>	Collection / Heritage Management		<input type="checkbox"/>	Audience Development		<input type="checkbox"/>
Please expand on your key areas of expertise in the space provided											
Please provide details of any previous Committee memberships and experience											
Please provide details of two referees											
1.Name:					2. Name:						
Email:					Email:						
Tel:					Tel:						
Thank you for your interest in our organisation.											