

Tasmanian Museum and Art Gallery (TMAG) Children's Reference Panel



Application Form

Please read the TMAG Children's Reference Panel Information Sheet before completing and submitting the Application form.

Name	First:	Surname:	
Date of Birth		Are you Male or Female?	M F
Address			
	Suburb:	Postcode:	
School		What grade or year are you in?	
Contact details (Applicant) If available	Phone/Mobile:		
	Email:		
Contact details (Parent/Guardian)	Name:		
	Phone/Mobile:		
	Email:		
Best method of contact			
Email	Applicant <input type="checkbox"/>	Parent/Guardian <input type="checkbox"/>	
Phone call	Applicant <input type="checkbox"/>	Parent/Guardian <input type="checkbox"/>	
Are you from an Aboriginal or Torres Strait Islander background?	Yes	No	
Are you from a non-English speaking background?	Yes	No	If yes, which country are you or your family from?
Do you have a disability?	Yes	No	Specific Needs:
Dietary requirements:			
Can you commit to attending 4 meetings per year (one per term) on the following dates? Yes/No			
Meeting 1: 4:00 pm – 5:30 pm, Thursday 22 February 2018			
Meeting 2: 4:00 pm – 5:30 pm, Thursday 17 May 2018			
Meeting 3: 4:00 pm – 5:30 pm, Thursday 23 August 2018			
Meeting 4: 4:00 pm – 5:30 pm, Thursday 15 November 2018			

Referees

In the space below, please provide the names of two people who can tell us more about you. For example a teacher, sports coach, employer or relative.

Referee 1

Referee 2

Name	Name
Address	Address
Email	Email
Phone	Phone

Please respond to the following questions (Maximum 100 words per response)

Why do you want to be a member of the TMAG Children's Reference Panel?

What interests you the most about the Tasmanian Museum and Art Gallery?

What strengths or talents do you feel you will contribute to the TMAG Children's Reference Panel?

Choose one thing you are interested in and tell us about it. It can be anything at all.

Declaration of Applicant

I _____ (your name)

of _____ (your address)

forward my application for membership of the TMAG Children's Reference Panel

Signed _____ Date _____

Parent/Guardian Consent

I _____, the parent/legal guardian of the minor named above ("Applicant"), give permission for the Applicant to participate in the TMAG Children's Reference Panel if selected.

Signature: _____ Date: ____ / ____ / ____

Applications close 5:00 pm, Thursday 8 February

Please return completed and signed application form via email or post.

Email: tmagmail@tmag.tas.gov.au

Post: TMAG Children's Reference Panel Application, Tasmanian Museum and Art Gallery, GPO Box 1164,
HOBART TAS 7001

Personal Information Protection Statement – Personal information is collected from you for the purpose of convening and running the Children's Reference Panel and obtaining consent to publish photographs or video images. It will be held by the Tasmanian Museum and Art Gallery, Department of State Growth. Personal information is managed in accordance with the Personal Information Protection Act 2004. You may access your personal information by application to the business unit named above