**Natural Hazards Research Australia   
Early- and Mid-Career Academic and Practitioner Network**

**APPLICATION - Executive Committee Membership**

**INSTRUCTIONS TO APPLICANTS**

1. Please [download](https://www.naturalhazards.com.au/sites/default/files/2024-02/EMCAP%20Network%20ToR%202023%20FINAL.pdf) and read the **EMCAP Network Terms of Reference** prior to submission.
2. Please **submit a completed application form** AND **your CV** to [deborah.bunker@naturalhazards.com.au](mailto:deborah.bunker@naturalhazards.com.au) by **midnight Friday 22 March 2024.**

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| **Name** |  | | | | | | | | | |
| **Phone Number** | | | |  | | | | | | |
| **Email Address** | | |  | | | | | | | |
| **State of Residence** | | | | |  | | | | | |
| **Location** | | Metro/regional/rural (please indicate) | | | | | | | | |
| **Current Employer & Position** | | | | | | | |  | | |
| **Employment Sector**  **e.g. research, EM agency, private sector organisation etc.** | | | | | | | |  | | |
| **Research Hazard Focus**  **e.g. fire, flood, multi-hazard, etc.** | | | | | | | |  | | |
| **Why are you applying membership of EMCAP Network Executive Committee? What do you want to contribute to the network? (150 words max.)** | | | | | | | | | |  |
| **What activities should the EMCAP Network focus on? (150 words max.)** | | | | | | | | | |  |
| **Optional Information**  **Are you Aboriginal or Torres Strait Islander?** | | | | | | | | | Yes/no (please indicate) | |
| **What is your gender?** | | | | | | Female/male/non-binary /prefer not to say (please indicate) | | | | |
| **Do you have any access issues we should consider?** | | | | | | | | | | Yes/no (please indicate) |
| **What is your nationality?** | | | | | | |  | | | |
| **Applicant Statement (please complete, sign and date)**  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) understand that membership of the EMCAP Network Executive Committee is a voluntary position and I agree to commit 5% of my time, or pro rata equivalent, to Network Executive Committee activities for the duration of my membership (1 year initial appointment).  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please also attach a short CV of no more than 5 pages to this application** | | | | | | | | | | |