



Community Connection Group (CCG) Nomination form

(We collect this information for the purposes of helping our staff use the most respectful and culturally appropriate language when addressing you, to be able to cater for your needs when communicating with you, and for understanding the mix of people interested in participating in the CCG. Your information will remain confidential – you can access our Privacy policy at www.sentencingcouncil.qld.gov.au/about-us/publication-scheme.)

First name: _____ Last name: _____

Preferred name: _____

Address: _____

Email: _____

Phone (home/work/mobile): _____ DOB: _____

Preferred pronoun: He ☐ She ☐ They ☐ Ze ☐ A pronoun not listed ☐ No preference ☐

Do you identify with any of the following? (Please tick any boxes that apply to you.)

- Gender**
- ☐ Female
- ☐ Male
- ☐ Trans
- ☐ GNC (gender non-conforming)

Other (please specify)

☐

☐ Decline to answer

- Cultural and ethnic group**
- ☐ Australian Aboriginal
- ☐ Torres Strait Islander
- ☐ Australian
- ☐ Australian South Sea Islander

Other (please specify - e.g. Sudanese, Chinese, Indian, New Zealander, Irish)

☐

☐ Decline to answer

As our meetings will generally be held via videoconference, do you have any accessibility requirements we should be aware of?

What is the main language you speak at home?

Please detail your interest in sentencing and why you wish to be considered as a CCG member:

Are you representing a community group; Yes ☐ No ☐ (please tick one)

Is the community group aware of your interest to join the CCG? Yes ☐ No ☐ (please tick one)

If 'yes', please provide the name of the group, your position and a contact phone number for the group:

Please detail what links you have within your local community that would enable you to seek input from and provide information and feedback to local residents: _____

We are seeking to have the CCG to be truly representative of the community, including all groups that have contact with the justice system including offenders, witnesses and victims.

Have you ever had contact with the Queensland criminal justice system?

Yes ☐ No ☐ (please tick one)

Please explain the contact you have had (e.g. a victim of crime, an offender, a witness to a crime):

Are you able to attend one meeting every 6 months or every 3 months dependent on QSAC projects?

(Meetings are held via videoconference / teleconference / or face-to-face for those visiting Brisbane (if suitable))

Yes ☐ No ☐ (please tick one)

Are you able to attend meetings at 3.30 pm during the week? Yes ☐ No ☐ (please tick one)

Which afternoons do you prefer? Monday ☐ Wednesday ☐ Thursday ☐ (please tick one)

Do you agree to abide by the CCG Charter? (If yes, please sign the CCG Code of Conduct. In signing this document, you indicate your understanding of, and agreement to, the Charter.)

Yes ☐ No ☐ (please tick one)

Have you signed the CCG Code of Conduct? Yes ☐ No ☐ (please tick one)

Please complete this form, attach the signed CCG Code of Conduct and email or mail to:

Queensland Sentencing Advisory Council
GPO Box 2360
BRISBANE QLD 4001
admin@sentencingcouncil.qld.gov.au