Approval to appoint a deputy official to the

Queensland Disaster Management Committee/

Notice to the appointed deputy official

This form relates to section 15 of the *Disaster Management Regulation 2014*

*SECTION 1: To be completed by QDMC officials requesting appointment of a deputy/ies*

I request approval to appoint the following person/s as my deputy/ies under section 15 of the *Disaster Management Regulation 2014*:

|  |  |
| --- | --- |
| Date appointment commences: |  |
| Date appointment concludes: |  |

|  |  |
| --- | --- |
| Full Name | Position |
|  |  |
|  |  |
|  |  |
|  |  |

I am satisfied the above person/s has/have the necessary expertise or experience to act as my deputy

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  | Time: |  |

SECTION 2: *To be completed by the Chairperson of the QDMC*

The request to appoint the person/s named above as the QDMC official’s deputy is approved.

|  |  |
| --- | --- |
| Name: |  |
| Position: | Chairperson of the QDMC  |
| Signature: |  |
| Date: |  | Time: |  |

* Provide a completed copy of this form to the person/s authorised as a deputy to act for the official/member
* Send the original to the Executive Officer of the Group
* Retain a copy of this form for your records