

**Disability Advisory Committee application form**

**Your details**

Name:

Address:

Telephone:

Mobile:

Email:

**Selection criteria**

**1.** **Eligibility**

**Please specify whether you live, work, study or receive services in the City of Yarra:**

|  |
| --- |
|  |
|  |
|  |

**Please answer the question which best applies to you:**

1. A person with a disability (what area of disability would you be able to represent?)

|  |
| --- |
|  |
|  |

1. A family member or carer of a person with a disability (please specify the age of the person with a disability and what area of disability you would be able to represent):

|  |
| --- |
|  |
|  |
|  |

**2.** **Interest and skills**

1. As a community representative, what skills and experience can you contribute to the Disability Advisory Committee such as other community roles, advocacy experience, representation on other committees and relevant qualifications?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. Have you read, understood and are able to adhere to the terms of reference for the Disability Advisory Committee?

|  |
| --- |
|  |

**3.** **Availability and specific requirements**

1. Are you able to attend monthly meetings on a regular basis?

|  |
| --- |
|  |

1. Are you able to dedicate up to six hours per month for reading documentation in preparation for meetings or for other consultations?

|  |
| --- |
|  |

1. Do you have any requirements we could assist you with at an interview and/or meetings such as transport, an interpreter or dietary requirements?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**4.** **Referees**

Please provide the names and contact details of two referees who know about your experience, understanding and ability to be a community representative on disability access and inclusion.

**Referee one:**

Name:

Relationship:

Telephone:

Mobile:

Email:

**Referee two:**

Name:

Relationship:

Telephone:

Mobile:

Email:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed form to us by Thursday 23 August by:

Email: [info@yarracity.vic.gov.au](mailto:info@yarracity.vic.gov.au).

Mail: PO Box 168, Richmond, VIC 3121.