



## Application for Membership Inclusion & Access Advisory Committee

Shoalhaven City Council recognises the experience, knowledge, expertise and insight of the Inclusion and Access Advisory Committee. Council acknowledges the Committee's role as a conduit for strategic input into Council's decision-making processes.

### Purpose of the Committee

Guided by lived experience and expertise, provide advice and guidance to Shoalhaven City Council to promote an accessible, inclusive and welcoming community that respects independence and human dignity by:

- Ensuring that all residents can participate actively in all aspects of community and civic life and ensure that Council recognises and values the diversity of its community.
- Identifying and addressing barriers preventing people from participating in programs, services and facilities across the City.

And advocate for:

- Adherence to the principles of the Disability Discrimination Act 1992 and the NSW Disability Inclusion Act 2014 which will benefit the community.
- Inclusion in our community through recommendations to improve the built environment, changes in community attitudes and behaviours, and creating better systems and processes for meaningful participation of people of all abilities.

Shoalhaven City Council encourages applications from Aboriginal community members.

The Committee meets at the Nowra Administrative Centre four (4) times per year, usually commencing at 11.00am.

### 1. Details of Applicant

**Surname**

**Given Name:**

#### Please select your pronoun

- He/Him  
 She/Her  
 Them/They  
 Other

**Email\***

**Postal Address**

**Phone: (Home)**

**(Mobile)**

**(Business)**

**Do you identify as Aboriginal?**  Yes  No

\*Correspondence with Committee Members will be sent via email unless otherwise advised and options are available to accommodate the communication needs of individual members.

**2. I am applying for community membership in the category of:**

- Community member who lives with a disability
- Family, friends and/or carer of a person with a disability
- Youth representative (18-25 years) living with a disability – Age: \_\_\_\_\_
- Aboriginal representative living with a disability or family, friend, or carer of a person with a disability

**3. I am applying to represent the following organisation or group (if relevant) – please note that this will be as a non-voting member.**

**4. I am applying for the membership for the following reasons:**

**5. I can bring the following skills / experience and attributes to the Committee:**

**6. Signature of Applicant**

**Signed:**

**Date:**

Please complete the above form and return by post to “*The Chief Executive Officer, Shoalhaven City Council , PO Box 42, NOWRA NSW 2541*” or email it to [governance@shoalhaven.nsw.gov.au](mailto:governance@shoalhaven.nsw.gov.au)

Attachments of further information supporting your application are permitted.

Privacy Notification: Shoalhaven City Council is collecting the information on this Contact Details Form / Membership Application form in order to ensure correct contact information for the distribution of relevant information in relation to your role on the Committee (should you be successful). Contact information collected will be used solely by Council staff for the stated purpose. Individuals may apply for access to, or correction of, their personal information at any time.

**City Administrative Centre** Bridge Rd, Nowra, NSW, Australia, 2541

[council@shoalhaven.nsw.gov.au](mailto:council@shoalhaven.nsw.gov.au) [www.shoalhaven.nsw.gov.au](http://www.shoalhaven.nsw.gov.au)

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