

## **Application for Membership Inclusion & Access Advisory Committee**

Applications are being sought for members of the 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.

## What is the Inclusion & Access Advisory Committee?

Guided by lived experience and expertise of Committee members, the Committee provides advice and guidance to Shoalhaven City Council to promote an accessible, inclusive and welcoming community that respects independence and human dignity.

The IAAC is an inclusive space that allows individuals from diverse backgrounds to work together to create conditions for individuals and communities to thrive. Members are supported to participate in the committee in a way that meets their specific needs.

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		
☐ I confirm I have read and understand the Role and Purpose of the Inclusion & Access Advisory Committee (contained within the Terms of Reference).		
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

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.