



Application for Membership Homelessness Advisory Committee

Applications are currently being sought for members of Shoalhaven City Council's Homelessness Advisory Committee. This is an exciting opportunity to bring your experiences and ideas to offer a fresh and unique perspective to the Committee.

The Homelessness Advisory Committee brings together local homelessness services, community members and all levels of government, to develop ideas and solutions to address the issue of homelessness in the Shoalhaven Local Government Area.

Members of the Committee are encouraged to become actively involved in the purpose of the Committee and to be an advocate between community and Council. The role of the Committee is to:-

- Provide Council with advice, guided by lived experience and expertise on homelessness and related issues that can be dealt with at a Local Government level.
- Work with Council to address issues, develop options and assist with the identification of preferred solutions as part of Council's decision making process
- Advise on the development, review and implementation of the Homelessness Strategic Plan
- Provide comment on relevant Council policies and strategies
- Advocate for community needs on issues relating to homelessness in the Shoalhaven

The Committee meets at the Nowra Administrative Centre four (4) times per year, usually commencing at 2pm.

How to apply

- Please complete this form and return via email it to governance@shoalhaven.nsw.gov.au, or post to The Chief Executive Officer (CEO), Shoalhaven City Council, PO Box 42, NOWRA NSW 2541
- If you need help completing your application or require interpretive services, please contact us. We are happy to answer any questions you have: communityconnections@shoalhaven.nsw.gov.au or call 02 4429 3145

Shoalhaven City Council encourages applications from Aboriginal community members

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|--|--------------------|------------|
| 1 Details of Applicant | | |
| Mr / Mrs / Miss / Ms | | |
| Surname: | Given Name: | |
| Email*: | | |
| Postal Address: | | |
| Phone: (H) | (M) | (B) |
| Do you identify as Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you a member of one or more of the following groups (please mark)? | | |
| <input type="checkbox"/> Person with a disability | | |
| <input type="checkbox"/> LGBTQIA+ | | |
| <input type="checkbox"/> None of the above | | |

*Correspondence with Committee Members will be sent via email unless otherwise advised.

2 Further Information

Do you currently identify with any of the below homelessness indicators?

- I do not have any suitable accommodation alternative options
- I am living in a dwelling that is inadequate
- I am living in an improvised dwelling, i.e. sleeping in a tent or sleeping rough
- I am living in supported accommodation for the homeless, i.e. a shelter
- I am living temporarily with other households
- I am living in a boarding house
- I am living in a severely overcrowded dwelling
- I have no tenure, or I only have a short or non-extendable tenure
- I do not live in a dwelling that provides space for social relations
- I do not identify with the above
- Other, please detail:

Have you previously identified with any of the below homelessness indicators?

- I did not have any suitable accommodation alternative options
- I lived in a dwelling that was inadequate
- I lived in an improvised dwelling, i.e. sleeping in a tent or sleeping rough
- I lived in supported accommodation for the homeless, i.e. a shelter
- I lived temporarily with other households
- I lived in a boarding house
- I lived in a severely overcrowded dwelling
- I did not have a tenure, or I only had a short or non-extendable tenure
- I did not live in a dwelling that provided space for social relations
- I do not identify with the above
- Other, please detail:

3 Why would you like to join the Homelessness Advisory Committee?

4 I will bring the following skills, experience and/or personal qualities 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

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

council@shoalhaven.nsw.gov.au www.shoalhaven.nsw.gov.au

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