

**ACCESS ADVISORY COMMITTEE
EXPRESSION OF INTEREST (EOI) FORM**



Office Use	RM Number: <input type="text"/>	Date: <input type="text"/>
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Applicant Details

I wish to be considered as a member of the City of Canada Bay Access Committee.

Title: First Name: Surname:

Date of Birth: Male Female

Address:

Suburb: Post Code:

Home Phone: Mobile:

Email:

Employer/Business Name (if applicable)

1. I am

a resident of the City of Canada Bay LGA	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a disability service provider in the City of Canada Bay LGA	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a worker in the City of Canada Bay LGA	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a student in the City of Canada Bay LGA	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Details on your experience in the City of Canada Bay LGA:

2. I have

personal experience of disability Access Issues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
professional experience related to disability Access issues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
knowledge related to disability Access issues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
skills related to disability Access issues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
experience as a member of an Access Committee or similar position	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
knowledge of disability networks and communities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
contact with disability networks and communities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Details on your disability expertise and relevant groups/organisations you are currently involved with and in what ways

3. I have knowledge, skills and experience in providing independent and strategic advice on disability issues in the following areas:

the built environment and urban planning	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
economic participation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
housing and transport	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
arts, culture and recreation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
civic participation in employment, service delivery and decision making	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
media and communication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
legislation regarding Access	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Describe your knowledge and experience

4. Provide any other information that you feel may be relevant to your application for consideration

5. Provide information on any specific meeting access needs you have

Do you require a support worker to assist you in preparing for, attending and participating in meetings

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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NB: While the City of Canada Bay seeks to ensure that Advisory Committee meetings are accessible, it does not provide the services of a support worker for members to prepare for, participate in and attend meetings. Where required, Council assumes that people who become Members of Advisory Committees will arrange for the assistance of a support worker as needed.

6. I, the undersigned:

am committed to acting in accordance with the City of Canada Bay’s Code of Conduct	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
am committed to access and equity principles	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
have general acceptance of the communities I represent	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signature: **Date:**

Attach any supporting documentation and submit your expression of interest as outlined “How to Apply” above. Any persons, company or organisation contracting services to the City of Canada Bay may be precluded from being a member of the Committee.