

Disability Access and Inclusion Advisory Committee Application Form



Note: Your application can be better assessed if you provide as much relevant information as possible.

Please complete form and send to:

customer@rockingham.wa.gov.au or

CEO, City of Rockingham
PO BOX 2142, Rockingham DC WA 6967

All forms must be received on or before
4pm, Thursday 28 September 2023.

Name of Nominee:

.....

Telephone Number:

.....

Email Address:

.....

Address:

.....
.....
.....
.....

Name of Advisory Committee:

Disability Access and Inclusion Advisory Committee
.....

Please address the following with relevance to the Advisory Committee and the Terms of Reference for the Committee you are applying for. Personal attributes (e.g., cultural background, lived experience), skills, experience and qualifications (e.g. previous or current employment, educational experience) refer to page 3 for the terms of reference.

Personal attributes

Example only – I work in support services for XYZ

Skills, Experience, Qualifications

Example only – I have certificate in Mental Health

If you need to provide more information, please attach to your application separately.

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Provide a few short lines about

- why you are applying to be on this chosen committee
- what attracts you to this chosen committee and
- highlight any goals you may have for the chosen committee.

List the community groups you have been involved in, especially those relevant to the chosen committee you are applying for. Also provide details of your involvement and experience.

Group	Role	Achievements
<i>Example only - Rockingham Mental Health Network Committee</i>	<i>Example only - Active Committee Member</i>	<i>Example only – Annual Mental Health day</i>

If you need to provide more information, please attach to your application separately.

List any City of Rockingham Advisory Committees you have previously been or are currently involved in. Provide your role and any achievements and relevant experiences.

Group	Role	Achievements
<i>Example only - Community Arts Advisory Committee</i>	<i>Example only - Community Member</i>	<i>Example only – Strategy adopted</i>

If you need to provide more information, please attach to your application separately.

City of Rockingham Administration Use Only - Executive Support for Advisory Committee			
Date Form Received:		Date advised applicant of appointment or unsuccessful:	
CM Number:		CM Number:	
Completed above signed by:		Completed above signed by:	

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If you would like more information on the Committee contact Ms Rebekka Jarvis, Coordinator Community Capacity Building by phone on 9528 0333 or email customer@rockingham.wa.gov.au

Below are the terms of reference for the advisory committee -

Disability Access and Inclusion Advisory Committee

Eight (8) Community Representatives

Two (2) Councillors

Terms of Reference: To provide information, advice/support to Council with regard to the implementation of the Disability Access and Inclusion Plan and to provide advice to improve the City controlled disability access and inclusion within the City of Rockingham.