

Multicultural Advisory Committee Expression of Interest

Your Say Georges River

Expression of Interest Form

Thank you for your interest in being considered as a member of the Georges River Council Multicultural Advisory Committee.

The purpose of the Multicultural Advisory Committee is to provide feedback and advice to Council on its policies, plans and services to better support multicultural communities.

Please read the [Terms of Reference](#) for the Advisory Committee before you begin.

For further information, please contact Council's Community Capacity Building Team on 9330 6400 or communitycapacitybuilding@georgesriver.nsw.gov.au.

Eligibility Check

Have you read the Terms of Reference?

(Choose any one option) (Required)

- ☐ Yes
- ☐ No

Please select all that apply.

(Choose any 3 options) (Required)

- ☐ I live in the Georges River area.
- ☐ I work in the Georges River area.
- ☐ I have established links with multicultural communities in the Georges River area.

Contact Details

Title

(Choose any one option) (Required)

- ☐ Mr
- ☐ Mrs
- ☐ Miss
- ☐ Ms
- ☐ Other

First Name

(Required)

Last Name

(Required)

Applicant Primary Address

(Required)

Note: Address Line 1, Suburb/Town, State/Province, and country are required.

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Applicant Primary Phone Number

(Required)

Note: Must be an Australian phone number.

Applicant Primary Email

(Required)

Note: Must be an email address.

Employer/Business Name (Organisation Name)

Note: if applicable

Your Experience

Why do you want to join the Multicultural Advisory Committee?

(Required)

What knowledge, skills or experience can you bring to this group?

(Required)

What do you believe are the main issues impacting multicultural communities in the Georges River local government area?

What do you think Council should do to address these issues?

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Please list any relevant groups or organisations you are currently involved with.

Meeting Procedures

Will you be able to attend four (4) online meetings per year and additional meetings as required?

(Choose any 1 options) (Required)

- ☐ Yes
- ☐ No

Which days are suitable for you?

(Choose any 5 options) (Required)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

What is your preferred time to meet?

(Choose any 3 options) (Required)

- ☐ Morning
- ☐ Afternoon
- ☐ Evening

Please let us know if you require any assistance to attend meetings.

Ready to submit

Please review your submission and press submit.