

Access and Inclusion 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 Access and Inclusion Advisory Committee.

The role of the Access and Inclusion Advisory Committee is to provide feedback and advice to Council on its policies, plans and services to better support people with disability.

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 have lived experience of disability.
- ☐ I have lived experience as a carer of a person with disability.
- ☐ I have skills and experience in working with people with disability.

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 or Organisation Name

Note: if applicable

Your Experience

Why do you want to join the Access and Inclusion Advisory Committee?

(Required)

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

(Required)

What do you think the main issues impacting people with disability, their families and carers are 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 the meetings.

Ready to submit

Please review your submission and press submit.