A P P L I C A T I O N F O R M



Expression of Interest All Abilities Advisory Committee (AAAC)

Moira Shire Council is seeking Expressions of Interest for new members to join as representatives on the All Abilities Advisory Committee. Please ensure that before you complete an application you have read the Terms of Reference (TOR) for the AAAC, and the Moira Shire All Abilities Access and Inclusion Plan 2023-2026 outlining Council's commitment to promoting a more inclusive and accessible community.

If you require any assistance with completing your application contact the Community Wellbeing Team on (03) 5871 9222, by email at <u>info@moira.vic.gov.au</u> or by visiting one of our Customer Service Centres.

Your Application form can be returned to Council in one of the following ways:

Mail Moira Shire Council PO Box 578 Cobram VIC 3643

C EMAIL info@moira.vic.gov.au **! IN PERSON** 44 Station Street, Cobram Monday to Friday 9am - 4:30pm

100 Belmore Street, Yarrawonga Monday to Friday 9am - 4:30pm *Closed daily between 12-1pm.*

Applications close Friday 31 January 2025.

If you have a hearing or speech impairment, you can call via the National Relay Service (NRS).

TTY users Phone 133 677 then ask for 03 5871 9222

Speak & Listen (speech-to-speech) users Phone 1300 555 727 then ask for (03) 5871 9222 Internet relay users Connect to NRS on www.relayservice.com.au then ask for (03) 5871 9222

Collection Statement

Council is collecting personal information on this form for your expression of interest in becoming a member of the All Abilities Advisory Committee. The information collected will be used for the purpose collected and/or a directly related purpose. If you are accepted as a member, your personal information will be disclosed to other successful Committee members or if required or authorised by law. If you do not provide the information requested we may not be able to process your expression of interest.

You can find out more about how we use and protect your information by viewing our Privacy Policy on our website - www.moira.vic.gov.au. If you require access to the information you have provided, please contact Council.

A P P L I C A T I O N F O R M



Expression of Interest All Abilities Advisory Committee (AAAC)

Applicant Details

Name	
Residential Address	
Postal Address	
Email Address	
Contact Number	

PLEASE NOTE - In completing this application, I acknowledge that I have read and agree to the Terms of Reference for the All Abilities Advisory Committee 2022-2026.

How would you like to be contacted about this application?



🗌 Email

□ Phone

I identify as one of the below:

□ A person living with and experiencing disability

□ A carer of an adult/child living with disability

□ A community member with an interest or work experience in access and inclusion

□ A representative of a local Community based Disability/All Abilities/other agency or group

Name of Agency/Group

Has this agency/ group endorsed your involvement in this Committee

□ Yes □ No

Can you commit to regular attendance at meetings if you were successfully appointed to the Committee as per the Terms of Reference?

🗆 Yes 🗌 No

A P P L I C A T I O N F O R M



Expression of Interest All Abilities Advisory Committee (AAAC)

Further Information

Tell us a little more about yourself and what you believe you will bring to the AAAC? *E.g. roles, advocacy, life experience, qualifications*

What do you hope to achieve by being a part of the AAAC?

Please tell us about your understanding of the local issues that are relevant to people living with a disability.

Thank you for your interest in a position on this Committee. Council will contact you in due course regarding your application.