**FEDERATION AGEING WELL ADVISORY COMMITTEE**

**NOMINATION FORM**

**PURPOSE**

The purpose of the Federation Ageing Well Advisory Committee is to provide advice and support to Council regarding issues affecting the lives of older people in the Federation Council Local Government Area.

**PROCESS**

Thank you for your interest in the Federation Ageing Well Advisory Committee.

* Nominations are invited for community committee positions.
* Please read the Ageing Well Advisory Committee Terms of Reference before submitting this form.

For assistance in completing this form or if you wish to discuss your nomination, please contact Amber, Team Leader Community Development at Federation Council on (02) 6033 8999.

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| DETAILS | | | | | | | | |
| First Name: | Click or tap here to enter text. | | | | | | | |
| Surname: | Click or tap here to enter text. | | | | | | | |
| Your Gender: | Click or tap here to enter text. | | | | | | | |
| Your Town: | Click or tap here to enter text. | | | | | | | |
| Your Phone Number: | Click or tap here to enter text. | | | | | | | |
| Your Email Address: | Click or tap here to enter text. | | | | | | | |
| Thank you for considering being part of the Ageing Well Advisory Committee. We ask that you please complete the following questions to support your application. | | | | | | | | |
| I am aged 55 years or over. | | | Yes | |  | No |  | |
| I am a resident of Federation Council. | | | Yes | |  | No |  | |
| What is your interest in joining the Ageing Well Advisory Committee? | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| What skills / experience or personal experience will you bring to the group? | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| What topics are you passionate about? (tick all that apply) | | | | | | | | | |
| Staying Safe, Healthy and Active | |  | | Age Friendly Neighbourhoods | | | |  | |
| Social Participation for Older People | |  | | Intergenerational Activities | | | |  | |
| Communication and Information | |  | | Housing and Transport Advocacy | | | |  | |
| Age Friendly Businesses | |  | | Health, Medical and Aged Care | | | |  | |
| Other (please tell us) | | Click or tap here to enter text. | | | | | | | |

Please either return this form in person to one of the Federation Council offices or scan and email a copy to [communityevents@federationcouncil.nsw.gov.au](mailto:communityevents@federationcouncil.nsw.gov.au).