**AGEING WELL ADVISORY COMMITTEE**

**NOMINATION FORM**

**PURPOSE**

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

**PROCESS**

Thank you for your interest in the Federation Council’s 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 verbal expression of interest, assistance in completing this form or if you wish to discuss your nomination, please contact the Community Development Team at Federation Council on (02) 6033 8999.

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| --- | --- | --- | --- |
| YOUR DETAILS | | | |
| First Name | Click or tap here to enter text. | | |
| Surname | Click or tap here to enter text. | | |
| Postal Address |  | | |
| Town | Click or tap here to enter text. | Post code | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | | |
| Mobile | Click or tap here to enter text. | | |
| Email Address | Click or tap here to enter text. | | |

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| 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. |

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| I am aged 55 years or over |  |

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| What is your interest in joining the Ageing Well Advisory Committee? |
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| What would you like the Ageing Well Advisory Committee to achieve? |
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| Council is committed to providing all residents with opportunities to age well in the Federation Council area. What ideas do you have to make this a reality? |
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| DECLARATION  I have read and understand the Ageing Well Advisory Committee Terms of Reference and agree to abide by these expectations. | |
| Name | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

You can submit your completed nomination form in the following ways.

**Phone:**

Call Council on (02) 6033 8999 to verbally submit your form.

**Email:**

[communityevents@federationcouncil.nsw.gov.au](mailto:communityevents@federationcouncil.nsw.gov.au)

Subject Line: Ageing Well Advisory Committee Nomination Form

**In person:**

At any Federation Council office.

**Post:**

Community Development Team

100 Edward Street

Corowa NSW 2646

**PRIVACY**

Federation Council acknowledges and respects the privacy of individuals. All information on this Nomination Form will be managed and stored according to the Privacy and Data Act 2014.