# Federation Disability Access and Inclusion Committee Nomination Form

## Purpose

The Federation Disability Access and Inclusion Committee provides feedback and advice to Council on how to improve access and inclusion for people with disability in the Federation local government area.

Members can also assist Council on the implementation of the Federation Disability Access and Inclusion Action Plan 2022-2026.

## Process

Thank you for your interest in joining the Federation Disability Access and Inclusion Committee.

To express your interest in becoming a community representative member:

1. Complete the Nomination Form (see below).
2. Submit the Nomination Form by either emailing [council@federationcouncil.nsw.gov.au](mailto:council@federationcouncil.nsw.gov.au), posting to 100 Edward Street, Corowa NSW 2646 or in person at any Council office.

For verbal expression of interest, or assistance in completing this form, please contact the Community Development Team at Federation Council on (02) 6033 8999.

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| Federation Disability Access and Inclusion Committee Nomination Form | | | | |
| Your Details | | | | |
| Name: | | Click or tap here to enter text. | | |
| Email: | | Click or tap here to enter text. | | |
| Mobile: | | Click or tap here to enter text. | | |
| Postal Address: | | Click or tap here to enter text. | | |
| Town: | | Click or tap here to enter text. | Postcode: | Click or tap here to enter text. |
| Please tick one or more of the following statements that best describes you: | | | | |
|  | I am a person with disability | | | |
|  | I am a parent, guardian, family member of a person with disability | | | |
|  | I am a carer of a person/ people with disability | | | |
|  | I am a disability sector professional | | | |
|  | I am a community member with an interest in access and inclusion | | | |

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| We would like to know a bit more about you and why you would like to join the committee. Please answer the following questions. |
| Why would you like to join the Federation Disability Access and Inclusion Committee? |
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| Describe your knowledge, experience and/ or understanding of disability. |
| Click or tap here to enter text. |
| Do you have any requirements we could assist you with at meetings such as additional communication needs, dietary or specialist access requirements? Please provide details. |
| Click or tap here to enter text. |
| Ways to submit this nomination form. |
| You can submit your complete nomination form in the following ways:  Email: [communityevents@federationcouncil.nsw.gov.au](mailto:communityevents@federationcouncil.nsw.gov.au)  Postal Address: PO Box 77, Corowa NSW 2646  Council Offices: At any office between 8.30 am to 5.00 pm Monday to Friday.  To verbally submit the form please contact Council on (02) 6033 8999 and a Community Development staff member will contact you back to make a suitable time. |