

Expression of Interest Form

**Disability Advisory Committee Expression of Interest Form**

Maribyrnong City Council welcomes your expression of interest in joining the Disability Advisory Committee 2023. All sections of this form need to be completed.

|  |
| --- |
|  |

**Your full name:**

|  |
| --- |
|  |

**Contact number:**

|  |
| --- |
|  |

**Email address:**

**Preferred method of contact:**

□ Phone number □ Email address

**Please advise your gender:**

□ Woman □ Man

□ Self-described □ I prefer not to say

**What age bracket do you fall into?**

□ Under 18

□ 19-30

□ 31-40

□ 41-50

□ 51-60

□ 61-70

□ 71-80

# □ 81 and over

**What is your connection to Maribyrnong? (tick all that apply)**

□ I live in Maribyrnong

□ I work in Maribyrnong □ I study in Maribyrnong

□ I have family and friends who live in Maribyrnong

□ Other (please specify)

**Please outline your knowledge and experience in working with people living with disability or share your own experience of living with disability.**

**Please outline your understanding of the needs and risk factors impacting community members and their families with lived experience of disability in Maribyrnong.**

**Please outline your experience of providing strategic advice or advocating on behalf of people living with disability.**

**Is there anything further you would like to add to support your Expression of Interest for the Disability Advisory Committee?**

Thank you for your feedback.

Email your completed form to communitydevelopment@maribyrnong.vic.gov.au or post or hand deliver to Maribyrnong City Council, Footscray Library (56 Paisley Street), Footscray 3011 by 5pm Friday 16 June 2023.