



**Nomination Form  
Inclusion and disAbility Access Advisory Group**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you nominating as a person who:

- has a disability and resides in the Shire of Mundaring or who utilises the Shire of Mundaring as their local community.
  
- is a carer, friend or family of a person with a disability or who has demonstrated advocacy in access and inclusion issues for people with disability and resides with the Shire of Mundaring or who utilises the Shire of Mundaring as their local community.
  
- represents a community service organisation that operates within the Shire of Mundaring and provides support for people with disability.
  
- represents a person or people who have mental health issues or psychosocial disability.

Why do you want to be a part of this Group?

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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What experience do you bring to this Group?

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If there was one thing that changed as a result of you being part of this Group, what would you like it to be?

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Please return this nomination form to either:

Address: Shire of Mundaring, 7000 Great Eastern Highway, Mundaring, 6073

Email: [shire@mundaring.wa.gov.au](mailto:shire@mundaring.wa.gov.au)

Thank you