



Access and Inclusion Working Group Nomination

Q.1 Name:

Q.2 Phone number:

Q.3 Email:

Q.4 Members appointed are to represent one of three categories. Please indicate which category you represent.

A person who has a disability and resides within the Shire of Mundaring or who utilises the Shire of Mundaring as your local community.

A person who 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 a disability and resides within the Shire of Mundaring, or utilises the Shire of Mundaring as your local community.

A person who represents a community service organisation that operates within the Shire of Mundaring and provides support for people with disability.

Q.5 Please provide a statement on your skills and experience specific to the membership role you seek (refer to Q4).

Q.6 Access and Inclusion Working Group meetings are held at the Shire Administration Building on Friday afternoons at 2pm. Are you able to commit to attending the meetings?

Yes

No