

# APPLICATION FORM



## Expression of Interest as a Community Representative – All Abilities Advisory Committee (AAAC)

Moira Shire Council is seeking Expressions of Interest for community members or representatives to join as representatives on the All Abilities Advisory Committee. Please ensure you have read and understand the Terms of Reference for the All Abilities Advisory Committee before completing an application.

If you require any assistance with completing your application contact the Wellbeing and Inclusion Team on (03) 5871 9222, by email at [info@moira.vic.gov.au](mailto:info@moira.vic.gov.au) or by visiting one of our Customer Service Centres.

Your Application form can be returned to Council in one of the following ways:

✉ **MAIL**

Moira Shire Council  
PO Box 578  
Cobram VIC 3643

👤 **IN PERSON**

44 Station Street, Cobram  
Office Hours: Monday to Friday  
9am - 4:30pm

✉ **EMAIL**

[info@moira.vic.gov.au](mailto:info@moira.vic.gov.au)

100 Belmore Street,  
Yarrowonga  
Office Open: Monday to Friday  
9am - 4:30pm.  
Closed daily between 12-1pm.

All applications received 5pm 24/06/2022 will be considered.

---

If you are deaf or have a hearing or speech impairment you can call us through the National Relay Service (NRS).

**TTY users**

Phone 133 677 then ask for 03 5871 9222

**Internet relay users**

Connect to NRS  
on [www.relayservice.com.au](http://www.relayservice.com.au) then ask for  
(03) 5871 9222

**Speak & Listen (speech-to-speech) users**

Phone 1300 555 727 then ask for  
(03) 5871 9222

---

**Collection Statement**

*Council is collecting personal information on this form for your expression of interest in becoming a member of the All Abilities Advisory Committee. The information collected will be used for the purpose collected and/or a directly related purpose. If you are accepted as a member, your personal information will be disclosed to other successful Committee members or if required or authorised by law. If you do not provide the information requested we may not be able to process your expression of interest.*

*You can find out more about how we use and protect your information by viewing our Privacy Statement on our website - [www.moira.vic.gov.au](http://www.moira.vic.gov.au). If you require access to the information you have provided, please contact Council.*

# APPLICATION FORM



## Expression of Interest as a Community Representative – All Abilities Advisory Committee (AAAC)

### Applicant Details

Name	
Residential Address	
Email Address	
Contact Number	

**PLEASE NOTE** - In completing this application, I acknowledge that I have read and agree to the Terms of Reference for the All Abilities Advisory Committee 2022-2026.

How would you like to be contacted about this application?

Post

Email

Phone

Postal address (if different to above): .....

I identify as one of the below:

A person living with and experiencing disability

A carer of an adult/child living with a disability

A community member with an interest or work experience in access and inclusion issues

A representative of a local Community based Disability / All Abilities agency or group\*

Name of Agency/Group .....

Address: .....

Has this agency/ group endorsed your involvement in this Committee

Yes

No

Can you commit to regular attendance at meetings if you were successfully appointed to the Committee as per the Terms of Reference?

Yes

No

Continued over page

# APPLICATION FORM



## Expression of Interest as a Community Representative – All Abilities Advisory Committee (AAAC)

### Further Information

Tell us a little more about yourself?

---

---

---

---

---

---

What do you hope to achieve by being a part of the AAAC?

---

---

---

---

---

---

What can you contribute to the AAAC?  
*E.g. roles, advocacy, life experience, qualifications*

---

---

---

---

---

---

*Continued over page*

# APPLICATION FORM



## Expression of Interest as a Community Representative – All Abilities Advisory Committee (AAAC)

Please tell us about your understanding of the local issues that are relevant to people living with a disability.


*Thank you for your interest in a position on this Committee. Council will contact you in due course regarding your application.*

