**Liverpool Access Committee**

**Registration Form**

Please complete the details below.

Following the close of registrations, all nominees will be invited to participate in an informal interview. These interviews will be conducted by the Manager Community Development and Planning (or delegate) and the Community Development Worker - Aged & Disability. The interviews provide an opportunity to discuss the application and any concerns, and to get to know the community representatives.

Following the interviews, nominees will be assessed against the selection and eligibility criteria. Recommendations for appointments will then be made to Council for endorsement.

|  |  |
| --- | --- |
| NAME: |  |
| ADDRESS: |  |
| PHONE:  |  | MOBILE: |  |
| EMAIL: |  |
|  |  |  |  |

**respond to the following selection criteria:**

1. Please chose the most appropriate response

I am - □ a person with disability

 □ a family member of someone with disability

 □ a carer for someone with disability

□ a professional who works in a disability related area
(please specify organisation name and service type)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I am a: □ resident

 □ worker

 □ student

 □ other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Tell us about yourself and how you believe you can contribute to the work of Access and Inclusion in Liverpool.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

4. What do you see as the top priorities for Access and Inclusion in Liverpool?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

5. Please list at least four examples of the skills, knowledge and experience you would bring to the Liverpool Access Committee, and how you would use these to serve the local community.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

6. The committee meets bi-monthly from February to December in the afternoon for approximately two hours. Are you able to commit to regularly attending meetings?

|  |
| --- |
|  |

|  |
| --- |
| **Declaration – please read and sign.**I have read and understand the Charter of the Liverpool Council Access Committee and wish to apply as a representative for the 2018 – 2020 term of the Committee and; I agree to abide by Council’s Code of Conduct and; I certify that all of the above information provided by me in the application form is true and correct. |
| **Signed: Date:** |

**Criteria for selecting community representatives**

Community representatives will be selected based on their application, and will be assessed according to the following selection criteria:

1. Connection to the Liverpool Local Government Area;

2. Experience with disability on a personal or professional level;

3. Experience and knowledge in providing strategic policy advice related to
social inclusion or accessibility;

4. Experience in working actively within the community and willingness to
actively contribute to the delivery of Council’s strategies for social inclusion and access; and

5. Demonstrated knowledge and understanding of the barriers to independent and equitable access for people with disability.

**Please submit all completed nominations to**

**Kathryn Hammond
Community Development Worker - Aged & Disability**

**Hammondk@liverpool.nsw.gov.au.**