Nomination Form
Disability Access and Inclusion Advisory Group
City of Wanneroo

Closing Date: 17 November 2025

Return to: Council Support, City of Wanneroo, Locked Bag 1, Wanneroo, WA 6946
Or Email: Natalie Lynch - communitydevelopment@wanneroo.wa.gov.au

Nominee Name	
Last Name	
Given Names	
Home address (Include Post Code)	
Email Address	
Mobile	
Home	
Work	
Occupation & Qualifications	

I hereby submit my nomination for:

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and declare that all information I have provided is true and correct. I also certify that my nomination is made in accordance with City's policy on representation (where applicable). Should my nomination be successful, I will make every endeavour to commit the time and effort necessary to undertake this position and will adhere to the eligibility criteria.

Signature:	*Date:*

Selection Criteria - Please ensure you address each of the following selection criteria below.

Please select the description that best represents you to ensure that we have a diverse group of representatives (tick more than one if needed):

Person with a disability	
Carer of a person with a disability	
Agency representatives who provide support to people with disability	
Advocate with demonstrated commitment to benefiting people with disability	

Please explain why are you interested in being part of Disability Access and Inclusion Advisory Group? (You may wish to include relevant experience, lived experience, or areas of interest.)

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Are you associated with a community group, organisation, or agency that supports people with disability or carers?

Please note, you do not have to represent a group/organisation/agency. You can be part of the group as a Community Representative.

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Do you have any accessibility requirements (e.g., AUSLAN interpreter, wheelchair access, large print materials) to support your participation in meetings or communications?

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We welcome insights from people with diverse experiences and backgrounds. Please indicate if you identify with any of the following categories (tick all that apply)

☐	Multicultural Organisation or Agency Representative
☐	Multicultural Community Member Representative
☐	Aboriginal or Torres Strait Islander Organisation or Agency Representative
☐	Aboriginal or Torres Strait Islander Community Member Representative
☐	Youth Representative (Aged 25 years or below)

Meetings will be held four times a year and will be for two hours. What days and times would be most suitable – Please indicate below:

Please select	**9am to 12pm**	**12pm to 5pm**	**5pm to 8pm**
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Would you still be available to attend if it is outside of your preferred hours?

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PLEASE NOTE:

Your nomination and supporting documentation is photocopied for administrative purposes. It is important that profile information be complete and up to date. All personal information will be used only for consideration of this position and will be kept confidential from public records.

Please contact Community Development Planner on (08) 9405 5842 if you have any questions in relation to the activities of the Disability Access and Inclusion Advisory Group.