# Wyndham City Council – Community Disability Advisory Group

## Expression of Interest Form

Please make sure you’ve read the Terms of Reference attached in a separate document before completing this Expression of Interest.

**1. Personal Details**

Name:

Address:

Contact No:

Email:

Preferred method of contact:

**2. Relationship to Wyndham City Council**

*Please indicate your relationship to Wyndham City Council:*

[ ]  Resident

[ ]  Work (Please *provide details) ……………………………………………………….*

[ ]  Other *(Please provide details)……………………………………………………….*

**3. Personal and/or professional experience**

Please summarise your personal and/or professional experience in the following areas:

**3.1 Knowledge**

What level of understanding and knowledge do you have in relation to people with disability and carers?

**3.2 Experience**

What life and/or professional experiences, strengths or skills would you bring to the Advisory Group?

**3.3 Governance**

Do you have any experience participating as a member on committees or an Advisory Group? (Please provide details)

**3.4 Additional Information**

Please provide any additional information that you feel would be relevant for consideration.

***Thank you for your interest in becoming a member of a Wyndham City Council Community Disability Advisory Group.***