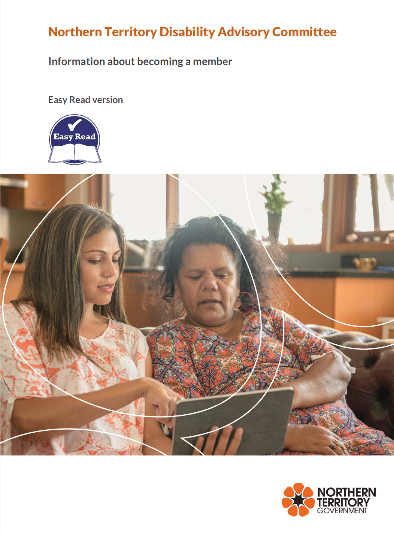
Disability Advisory Committee

Application Form



Please refer to the Northern Territory Disability Advisory Committee (DAC) Information about becoming a member to assist completing this application.

# Your details

Name:

Date of birth:

Gender:  Male  Female  Indeterminate/Intersex/Unspecified

Postal Address:

Telephone:

Mobile:

Email:

# Do you live in the Northern Territory? Yes No

# If yes, please tell us where you live:

Are there other places in the Northern Territory, where you have lived or that are important to you? If yes, please tell us where:

**Do you have a disability?**   Yes  No

If yes, does your disability affect your:

body

senses

the way you think

mental health

**Are you a carer of a person with disability?**  Yes  No

What is your relationship to the person?

# Aboriginal and Torres Strait Islander

# Are you of Aboriginal and/or Torres Strait Islander decent?

Yes, Aboriginal

Yes, Torres Strait Islander

Both, Aboriginal and Torres Strait Islander

No

# Culturally and Linguistically Diverse (CALD)

Do you speak English as a second language?  Yes  No

If yes, what other language/s do you speak?

# Your experience

Do you have expertise and or lived experience with any of the following government service systems:

# NT Justice System, including courts, youth detention, prison and the police

# NT Health System, including hospitals, Community Health Centres or other services that take care of your health

# NT Education System, the NT Education System, including schools and universities

# National Disability Insurance Scheme, for example if you are an NDIS participant

# Other please specify:

# Please tell us about your work, study, volunteering experience or other roles that you have had that will help you as a DAC member.

# Interests

Please tell us about your interests and your involvement in the community. For example are you involved in any sports, hobbies, social activities or community groups?

Please tell us about any leadership roles you have had. For example if you have been part of a group or represented yourself or others in any forums.

# DAC Membership

Please tell us about what you think are important issues for people with disability?

Please tell us why you want to be on the DAC. What you would like the DAC to achieve?

# Roles and Responsibilities

Have you read and understood the Terms of Reference for the DAC?

Yes  No

Please tell us how long you would like to be a member for:

1 year  2 years  3 years  4 years  5 years  6 years

Please tell us if you would like to be considered for a Chair or Vice-Chair position(s):

Chair  Yes  No

Vice Chair  Yes  No

# Availability and support requirements

Are you able to attend face-to-face meetings?

Yes  No

Are you able to dedicate time between meetings to do activities for the DAC?

Yes  No

Please tell us about your support requirements to attend meetings, such as transport, support person, an interpreter or dietary requirements?

# Any other information

Please include any other relevant information to support this application.

# Referees

Please provide the names and contact details of two referees who know about your experience, understanding and ability to be a community representative on disability access and inclusion in the Northern Territory. Referees may be contacted to discuss your application.

# **Referee one:**

Name:

Relationship to applicant:

Telephone:

Mobile:

Email:

# **Referee two:**

Name:

Relationship to applicant:

Telephone:

Mobile:

Email:

# Approval

Please sign below if you agree:

* to providing this application to the DAC Secretariat for consideration as a DAC Member; and
* that the DAC Secretariat may keep your application for a period of two years for future DAC Member appointments.

Applicants will be contacted to attend a face to face/telephone interview.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The DAC Secretariat will accept referee applications completed on behalf of the applicant provided the applicant provides approval and the referee completes section below\*.

**\*Referee applications**

Please provide information on how you have developed the application in consultation with applicant.

Referee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Contact us

We will accept video or voice applications.

Please return the completed form to the Office of Disability by email or post to the email/ address below.

If you want more information on the application process or organise submitting a video or voice application please contact the DAC Secretariat on:

