

# <u>Volunteer Position:</u> <u>Disability Access and Inclusion Committee (DAIC) Member</u> APPLICATION FORM

If you would like assistance completing this form of have any questions please contact Karen McMahon on

0408 146 589 or karen.mcmahon@frankston.vic.gov.au

Name:
Preferred pronouns e.g. he/him, she/her, they/them etc. (optional):
Phone Number:
Email:
Address:
DAIC Membership
1. Have you read, understood and are able to adhere the Disability Access and Inclusion Committee Terms of Reference?
□ Yes
□ No
2. What type of DAIC membership are you applying for?
☐ A Community Representative
☐ An Organisational Representative.
Name of your organisation:
☐ A Casual Position



## **Access Requirements**

3.	Do you have any communication access requirements or preferences?
	□ No
	☐ Yes, please specify:
4.	Do you have any accessibility requirements to assist you to prepare for and participate in meetings (online or in person)?
	□ No
	☐ Yes, please specify:
	- 103, picase specify.



## **Eligibility for DAIC**

5.	What is your connection to the Frankton City? (Select all that apply
	☐ I live in Frankston City
	☐ I work in Frankston City
	☐ I study in Frankston City
	☐ I recreate in Frankston City (e.g. visit, shop, play sport etc.)
	☐ I have no connection to Frankston City
	Further details:
6.	What is your lived experience of disability? (Select all that apply)
	☐ I live with disability
	☐ I am a carer of someone with disability
	☐ I work in the disability field
	$\ \square$ I have no lived experience of disability
	Further details:



#### **Time Commitments**

DAIC meetings occur 6pm-7:30pm on the second Tuesday evening of the month in February, March, April, June, August, October, November and December.

Meetings are typically hybrid, allowing members to choose to either join the meeting online via Zoom or in person.

Meetings typically require 1-2 hours of personal preparation (i.e. reviewing materials and making notes on your ideas and feedback).

7.	Do you feel reasonably confident that you can commit to preparing for and attending 8 DAIC meetings per year, for a 2-year period?
	□ Yes
	□ No
8.	Would you be interested in and have the time to occasionally participate in additional feedback opportunities, outside of the 8 DAIC meetings?
	Opportunities may include surveys, written/verbal submissions, meetings, workshops and site visits.
	□ Yes
	☐ Sometimes
	$\square$ No



#### **About You**

The DAIC aims to be representative of the diverse experiences of disability community within our community. So membership will, as far possible, be selected to ensure that there is representation across a range of areas of disability, ages, genders, sexualities, cultural backgrounds and localities.

The following questions are asked to help identify the unique perspectives you may contribute to the committee. Your answers will only be viewed by the DAIC Selection Panel and your information will be kept confidential.

9.	What is your age range?
	□ 0 - 18
	□ 18 - 24
	□ 25 - 44
	□ 45 − 64
	□ 65+
	☐ Prefer not to say
a)	Please select any of the following that you identify as:
	☐ First Nations: Aboriginal
	☐ First Nations: Torres Strait Islander
	☐ LGBTIQA+: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer,
	Questioning, Asexual + other diverse genders or
	sexualities.
	☐ Culturally and Linguistically Diverse
	☐ A Person of Colour
	☐ Refugee or Refugee background
	☐ Migrant or Migrant background
	☐ Prefer not to say



10. What strengths, skills, experiences and/or community connections do you have that you can share with the DAIC?
11. What skills or experiences would you personally like to develop by being part of the DAIC?
12. What would you personally like the DAIC to achieve during your time on the committee?

Please send completed application form to <a href="mailto:karen.mcmahon@frankston.vic.gov.au">karen.mcmahon@frankston.vic.gov.au</a> by 9am Monday 26 June 2023.

**End of Application Form.**