# **Inclusion (Disability) Advisory Panel application form**

The City of Sydney is seeking 6 new members for our [Inclusion (Disability) Advisory Panel.](https://www.cityofsydney.nsw.gov.au/advisory-panels/inclusion-advisory-panel) We aim for a diverse group of members with a range of lived experiences of disability, culture, gender, age and socioeconomic background, and areas of expertise.

Thank you for applying to be part of the panel. Applications close 5pm Monday 11 October 2021.

Please complete all questions to support your application.

To help us ensure a diverse representation on the panel, the application form includes questions about you, your background and lived experience. All information you provide is confidential.

If you require support to fill in your application, another person may complete this form on your behalf. However, you must confirm all the information is accurate and the form must be from you.

Please note your application may be reviewed by current panel members to assist with shortlisting applicants.

**Privacy and Personal Information Protection Notice**  
Purpose: Informing the selection of members for the City of Sydney Inclusion (Disability) Advisory Panel 2021

Recipients: City of Sydney employees of, existing members of the Inclusion (Disability) Advisory Panel

Supply: Voluntary

Access/Correction of information: City of Sydney employees or Government Information (Public Access) Act requests. Please contact Customer Service on 02 9265 9333 or at [council@cityofsydney.nsw.gov.au](mailto:council@cityofsydney.nsw.gov.au) to access or correct your personal information.

Storage: The social policy team at the City of Sydney, 456 Kent Street, Sydney NSW 2000, is collecting this information and the City of Sydney will store it securely.

# **Section 1: About me**

\*You must answer these questions.

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| **Personal information** |  |
| **Name\*** | |
| **Postal address\*** | |
| **Contact phone number\*** | |
| **Email address\*** | |
| **Preferred method of contact**  SMS  Phone  Email | |
| **Do you identify as an Australian Aboriginal and/or Torres Strait Islander person?**  No  Yes, Australian Aboriginal  Yes, Torres Strait Islander  Yes, both Australian Aboriginal and Torres Strait Islander  Unsure  Prefer not to say | |
| **Do you identify with any of the following?** (select all that apply)  A culturally diverse background  Please provide us with what your cultural background is if you feel comfortable to:  LGBTIQ+  None  Prefer not to say | |

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| **Please select the option that best describes you\***  (select all that apply)  I am a person living with disability  I am a person living with a mental health condition  I am d/Deaf  I am a carer[[1]](#footnote-1) or have lived experience with a person with disability/person with a mental health condition  I am a worker or academic in the disability or mental health sector  Other (please describe): |

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| **If you are a person living with disability, a person living with a mental health condition or a person who is d/Deaf, please provide us with a little more information about your disability/mental health condition/Deafness, if you feel comfortable to do so.** For example, physical, intellectual, psychosocial, sensory, acquired brain injury, neurodiverse.  Prefer not to say | |
| **Gender**  Male  Female  Non-binary/third gender  Prefer not to say  Other (please specify): | |
| **Age group**  18 to 24  25 to 34  35 to 49  50 to 59  60 to 69  70 to 84  85 and over | |
| **How did you hear about the Inclusion (Disability) Advisory Panel?** |
| City of Sydney website  City of Sydney newsletter or email  Facebook  Twitter  LinkedIn  Radio advertising  Through my disability networks, such as a peak body, service provider  From someone else  Other (please describe): |
| **If an interview with you is needed, do you require any access support? (Note the interview location is physically accessible and has accessible toilets)** |
| No  Hearing loop  Live captions  Auslan interpreter  Questions in Easy Read  Language interpreter  Quiet space/ space for sensory seeking  Other (please describe): |

# **Section 2: Selection criteria**

You can answer these questions using dot points.\*You must answer these questions.

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| **My connection to the City of Sydney local area** |
| **Thinking about the City of Sydney local area, which of the following applies to you?\*** (select all that apply)  I live in the local government area  I work in the local government area  I study in the local government area  I visit the local government area  Other (please describe): |
| **My experience, knowledge and skills of disability** |
| **Please tell us why you’re interested in being part of the panel.\*** |
| **How has your experience of disability or a mental health condition influenced your understanding of inclusion and access?** \* For example, use of government or community services, employment, volunteer work or through social life. Please give examples. |
| **What topic areas are you passionate about or have experience in?\*** These areas may have been shaped by your personal or work experience.  Employment  Housing  Transport  Arts, culture, sport and recreation  Media, communication and/ or community engagement  Service delivery and customer/user experience  Government policy and strategy  Mental health access, inclusion or reform  Laws about inclusion, access and social justice  Advocacy about disability inclusion and access  Planning and design of buildings, facilities and public spaces  Other (please describe): |
| **Do you have skills in the areas below**?\* These skills could have been developed through your work/study or personal experience.  Community engagement  Access in the built environment  Providing advice to governments  Providing services  Technology to address barriers faced by people with disability  Policy development  Systemic advocacy  Strategic planning  Writing submissions  Research  Other (please describe): |
| **Please describe how your knowledge, skills and experience would be relevant to the work of the Inclusion (Disability) Advisory Panel. \*** |
| **Please list any relevant work, achievements, qualifications, current or previous membership of panels, boards and committees in areas related to disability inclusion. \*** You can provide links if you like. |

# **Section 3: Statement of interests and potential conflict of interests**

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| As a panel member, each person should do what is best for the outcome of people with disability. A conflict of interest is when you have your own private interest that is different from the panel or the City of Sydney. It is okay to have a conflict of interest, but you need to declare it.  For example, you use your position to tell the City of Sydney to use your friend’s services. In return, your friend will give you money. This is a conflict of interest and it is something you need to declare. |
| I am not aware of any conflict of interest that may arise as a result of my membership on the panel  or  I would like to declare the following interest/s or relationships which could be perceived as a conflict of interest with membership on the panel  Briefly describe: |

# **Section 4: Commitment to participating**

I confirm that if my application for membership of the Inclusion (Disability) Advisory Panel is successful, I will:

* commit to the responsibilities of a panel member for 3 years, with the option to extend for a further 3 years, including attendance at meetings and other out-of-session activities
* provide advice to the City of Sydney to the best of my knowledge and ability
* Work cooperatively, collaboratively and in good faith with other panel members and with the City of Sydney to achieve the objectives of the panel
* undertake my role in line with the [terms of reference](https://www.cityofsydney.nsw.gov.au/meeting-minutes-terms-of-reference/inclusion-advisory-panel-terms-of-reference)
* be willing to have my name released publicly as a member of the panel.

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| I submit my application as a member of the Inclusion (Disability) Advisory Panel.  I understand that the panel will be selected in consideration of the combined skills and expertise of the group as a whole and that, my application may not be successful.  All applicants will be notified of the outcome of their application in early 2022.  I confirm that the information I have provided is accurate.  I am happy for the City of Sydney to contact me to further discuss my application.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |

Thank you for your submission.

Do you have any feedback on the website page or the application process that could help us improve your experience?

1. A *carer* provides ongoing personal care, support and assistance to any other person who needs it because that other person:

   * lives with disability
   * has a medical condition (including a terminal or chronic illness), or
   * has a mental illness, or
   * is frail and aged.

   A carer is not a paid support workers or someone doing caring work for a charitable organisation. A parent, spouse, family member or someone living with a person is only considered a Carer where the person they care for has a disability, a medical condition , a mental health condition is frail aged and requires personal care and support. [↑](#footnote-ref-1)