

NARRABRI SHIRE ACCESS & INCLUSION COMMITTEE EXPRESSION OF INTEREST APPLICATION FORM

Applicant Details

Name:

Occupation:

Postal Address:

Residential Address:

Phone Number:

Email Address:

Eligibility Criteria

(Please tick YES or NO)

	YES	NO
Are you currently a resident of Narrabri Shire?	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously been a member of an Access & Inclusion Committee?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read the Narrabri Shire Disability Inclusion Action Plan 2017 - 2021?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of the current Access and inclusion issues within Narrabri Shire?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read the Narrabri Shire Access & Inclusion Committee Terms of Reference?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to work within the principles outlined in Council's Code of Conduct?	<input type="checkbox"/>	<input type="checkbox"/>
Is there potential for a conflict of interest if you were to become a member of the Narrabri Shire Access & Inclusion Committee?	<input type="checkbox"/>	<input type="checkbox"/>

Expression of Interest Details

a) Please provide information relating to your interest in access and inclusion matters in Narrabri Shire:

**Expression of Interest
Details Continued**

b) Please outline the contribution and/or experience you can bring to the Narrabri Shire Access & Inclusion Committee:

c) Please provide any additional comments in support of your application:

Declaration

The information I have provided in the Narrabri Shire Access & Inclusion Committee Expression of Interest Application Form is correct and I acknowledge this by providing my signature below.

Signature

Date