# Expression of Interest Form

## The Minister’s Disability Consultative Group

### Your Details

|  |  |
| --- | --- |
| **Full Name** | Click or tap here to enter text. |
| **DOB (DD/MM/YYYY)** | Click or tap to enter a date. |
| **Current home address (include postcode)** | Click or tap here to enter text. |
| **Postal address** | [ ]  As above*If different to current home address:*Click or tap here to enter text. |
| **Telephone number** | [ ]  Home phone (insert number): Click or tap here to enter text. [ ]  Mobile phone (insert number): Choose an item. |
| **Email address** | Click or tap here to enter text. |
| **How would you like us to contact you?** | [ ]  Phone (insert number): Click or tap here to enter text. [ ]  Email address: Click or tap here to enter text. [ ]  Post: Click or tap here to enter text.  [ ]  Other  |

### Can you tell us something about yourself?

We are looking for a wide range of participants from the Tasmanian community, including:

* People with lived experience with disability
* People from all over the State
* Diverse Community representation across gender, age and culture
* People who would like to share their own experiences.

|  |  |
| --- | --- |
| **Are you?** | [ ]  A Person with disability Click or tap here to enter text.[ ]  A Family memberClick or tap here to enter text.[ ]  Caring/supporting person with disabilityClick or tap here to enter text.[ ]  Working with people with disabilityClick or tap here to enter text. |
| **Primary Disability****We aim to recruit a diverse range of people representing different lived experiences of disability, to ensure everyone has an opportunity to contribute.**  | Click or tap here to enter text. |
| **Gender** | [ ]  Male[ ]  Female[ ]  Other – please describe: Click or tap here to enter text. |
| **Are you of Aboriginal or Torres Strait Islander origin?** | [ ]  No[ ]  Yes - Aboriginal[ ]  Yes – Torres Strait Islander[ ]  Yes – Aboriginal and Torres Strait Islander[ ]  Do not wish to disclose |
| **Country of birth** | Click or tap here to enter text. |
| **Do you identify as LGBTIQ+** | [ ]  No[ ]  Yes [ ]  Do not wish to disclose |
| **Do you require assistance to participate in this consultative group?** |  [ ]  Yes  [ ]  No |
| **If yes, please describe the type of assistance required (for example, assistance with communication)** | Click or tap here to enter text. |
| **Are you a member of any other groups or committees?** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Please tell us about why you want to be part of the Minister’s Disability Consultative Group and what do you think you could bring to the Group?** | Click or tap here to enter text. |

When you have completed this expression of interest form please forward to:

felicity.brady@dpac.tas.gov.au

or post to:

Felicity Brady

Disability Services Policy and Programs,

Community and Disability Services,

Community Partnerships and Priorities Division

Ground Floor, 11 Cameron Street,

Launceston, TAS. 7250