|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | |
| Northern Territory Disability Advisory Committee | | | | | | | | | |
| **Please refer to the Northern Territory Disability Advisory Committee (DAC) Information about becoming a member to assist in completing this application** | | | | | | | | | |
| Your details | | | | | | | | | |
| **Name** | | | |  | | | | | |
| Date of birth | | |  | | | Gender | |  | |
| Postal address | | |  | | | | | | |
| Telephone | | |  | | Mobile phone | |  | | | |
| Email | | |  | | | | | | |
| Information about you | | | | | | | | | |
| Do you live in the Northern Territory? If yes, please tell us where you live. | | | | | | | | Yes / No | |
|  | | | | | | | | | |
| Are there other places in the Northern Territory where you have lived or that are important to you? If yes, please tell us where. | | | | | | | | Yes / No | |
|  | | | | | | | | | |
| Do you have a disability? If yes, does your disability affect your: | | | | | | | | Yes / No | |
| * Body | | | | | | | | Yes / No | |
| * Senses | | | | | | | | Yes / No | |
| * The way you think | | | | | | | | Yes / No | |
| * Mental health | | | | | | | | Yes / No | |
| **Are you a carer of a person with a disability?** | | | | | | | | Yes / No | |
| If so, what is your relationship to the person | | | | | | | |  | |
| Aboriginal and Torres Strait Islander | | | | | | | | | |
| **Are you of Aboriginal and/or Torres Strait Islander descent** | | | | | | | |  | |
| * Aboriginal | | | | | | | | Yes / No | |
| * Torres Strait Islander | | | | | | | | Yes / No | |
| * Both Aboriginal and Torres Strait Islander | | | | | | | | Yes / No | |
| * No | | | | | | | | Yes / No | |
| Culturally and Linguistically Diverse | | | | | | | | | |
| 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. | | | | | | | | Yes / No | |
| * NT Health system, including hospitals, Community Health Centres or other services that take care of your health. | | | | | | | | Yes / No | |
| * NT Education system, including schools and universities. | | | | | | | | Yes / No | |
| * National Disability Insurance Scheme, for example if you are an NDIS participant | | | | | | | | Yes / No | |
| * Other, please specify | | | | | | | | Yes / No | |
| Please tell us about your work, study, volunteering experience or other roles that you have had that will 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 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 1 | | | | | | | | | | |
| **Name** | | | |  | | | | | |
| **Relationship to applicant** | | | |  | | | | | |
| **Telephone** | | | |  | | | | | |
| **Mobile** | | | |  | | | | | |
| **Email** | | | |  | | | | | |
| Referee 2 | | | | | | | | | | |
| **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** |  | |
|  | | | | | | | | | |
| Referee applications | | | | | | | | | |
| Please provide information on how you have developed the application in consultation with applicant. | | | | | | | | | |
|  | | | | | | | | | |
| **Signature** | |  | | | | | | **Date** |  | |
| Collection statement | | | | | | | | | |
| The Department of Territory Families, Housing and Communities is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the Northern Territory *Information Act 2002.*  You have been asked to provide personal information necessary for us to consider your suitability for the Northern Territory Disability Advisory Committee.  The information you provide will be accessible to Territory Families, Housing and Communities only and will only be used to in relation to the Northern Territory Disability Advisory Committee. We will not disclose your personal information to third parties unless:   * authorised or required by law to do so, or * you have given us your consent to share your personal information for a specific purpose.   You do not have to provide your information to us, however, if you choose not to provide all or part of the information necessary we may not be able to consider your suitability for the Northern Territory Disability Advisory Committee.  You may request access to the personal information we hold about you. To find out more read our privacy policy. If you want more information about the Northern Territory’s privacy laws, please refer to the Northern Territory *Information Act 2002*, or the [Office of the Information Commissioner NT](https://infocomm.nt.gov.au/). | | | | | | | | | |
| 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 to organise submitting a video or voice application please contact the DAC Secretariat:  Phone: 8999 2809  Email: [OfficeofDisability.TFHC@nt.gov.au](mailto:OfficeofDisability.TFHC@nt.gov.au)  Mail: PO Box 37037 Winnellie NT 0821 | | | | | | | | | |
| End of form | | | | | | | | | |