Disability and Carers Advisory Group
Nomination Form

City of Kalamunda

Details of Nominee:

First name: _____ Surname: _____

Address: _____

Suburb: _____ Post code: _____

Phone (H): _____ (W): _____

Mobile: _____ Email: _____

Please accept my nomination for membership on the following Advisory Group

Disability and Carers Advisory Group

I am nominating as: **(please tick)**

- ☐ A community member living with a disability
- ☐ A community member with an interest in access and inclusion of people with a disability
- ☐ A carer of people with disability
- ☐ A local organisation providing services to people with disability within the City.

Name of organisation: _____

Signed: _____ Date: _____

Authorised by: _____ Date: _____

(Group President or Secretary of the Organisation – if applicable)

» I have attached a one page summary of my expression of interest Yes ☐ No ☐

» I have read and understand the Terms of Reference Yes ☐ No ☐

Signed: _____ Date: _____

Please return to the Chief Executive Officer

In Person: Administration Office,
2 Railway Rd, Kalamunda WA 6076.
MON-FRI 8:30am–5:00pm

By Post: PO Box 42, Kalamunda WA 6926
Email: enquiries@kalamunda.wa.gov.au

Nominations close 5pm, Friday 28 November 2025

OFFICE USE ONLY: Date Received: _____

Expressions of Interest to provide:

a) General background and life experience of the Nominee.

b) The Nominees ability to:

(i) Commit sufficient time to the process.

(ii) Demonstrate how they will act as an advocate for the city always displaying positive intent.

(iii) Represent the interests of other people, including those who might be less vocal or harder to reach.

(iv) Choose the best-fit solution that meets the needs of all people with an interest or those likely to be affected, including those from minority groups.

(v) Have a level of general knowledge relevant to the Group's responsibility.

(vi) Keep people informed on the progress of the process

(vii) Comply with the requirements of the Local Government Act 1995 and to adhere to the Code of Conduct.

Assessment Criteria:

Knowledge, experience, or qualifications of the topics theGroup will be required to address.	20%
Ability to demonstrate previous experience working in teams and groups.	20%
Demonstrate how they will act as an advocate for the city always displaying positive intent and the ability to represent the interests of other people, including those who might be less vocal or harder to reach.	20%
Applicants demonstrating they are from culturally and linguistically diverse backgrounds.	20%
The ability to allocate the necessary time to attend meetings and read documentation prior to the meeting.	10%
Applicants that have not participated in any previous advisory committees/groups enabling new talent to be attracted to Groups that may not have as much experience as existing members.	10%

kalamunda.wa.gov.au

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ABN 60 741 095 678