**Application Form for Appointment to**

## **Greater Shepparton Disability Advisory Committee**

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| **1. Please provide your name, mail address and contact details below.**  |
| Name |  |
| Address |  |
| Contact Telephone Number | BH : | AH: | Mobile No: |
| E-mail (if available) |  |

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| **2. Please outline below any relevant qualifications, skills and experience that you could contribute to the Disability Advisory Committee.** |

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| **3. Please list what you consider are the top three issues affecting people living with a disability in Greater Shepparton, and what your solutions would be.** |

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| **4. Please list any referees (and their contact details) in support of your nomination.** |

**Please return to the Greater Shepparton City Council marked**

**“Disability Advisory Committee – Mark Tomkins”**

 **Locked Bag 1000**

**Shepparton, 3632**

**By 5.00pm Friday 20 September 2019**