

Disability Advisory Panel Nomination Form

If you wish to submit a video or audio application, please contact the National Operations Manager – DES via 0413 324 484 or john.cranwell@status.net.au.

Your details

Name	
Address	
Mobile	
Email	
<i>If required</i>	
Support Person name	
Support Person mobile	

Selection criteria

Please answer the following questions:

a) What is your lived experience of disability?

b) How can you apply your lived experience, knowledge and skills to support others living with a disability?

c) What interested you in becoming a member of the DAP?

Please circle YES or NO for the following questions:

Have you read, understood and are able to adhere to the Terms of Reference for the Disability Advisory Panel? Do you have any questions?

YES / NO

Are you able to commit to meetings on a regular basis and commit to reading documentation in preparation for meetings or for other consultations?

YES / NO

Do you require a support person or interpreter to assist you at an interview and/or at meetings?
(A support person may take notes on a member's behalf and may act as their sounding board however, their role does not extend further than that).

YES / NO

Nomination for Chairperson

Are you interested in nominating as Chairperson? If so, outline your experience and or skills in preparing documentation and leading meetings.

Referees

Please provide the names and contact details of two referees who know about your experience, understanding and ability to be a member of the DAP.

<i>Referee 1</i>	
Name	
Relationship	
Mobile	
Email	
<i>Referee 2</i>	
Name	
Relationship	
Mobile	
Email	

Acknowledgement

Signed:		Date:	
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Please return this completed form to us by **5pm Friday 2nd May 2025**.

Email: Applications via email to: john.cranwell@status.net.au

Post: Applications via post to: John Cranwell, Eighty9 Limited, 255 Port Road, Hindmarsh SA 5007.