**Overview**

The City of Bayswater is seeking expressions of interest for 10 community members to join the Diversity Advisory Group (DAG). The Diversity Advisory Group (DAG) offers guidance to the City of Bayswater on issues impacting people with a disability. The group will also advise and assist with the development and implementation of the City’s Access and Inclusion Plan (AIP).

Development applications and City-based works can be referred to the group for feedback.

We are seeking up to 10 community members who meet one or more of the following criteria:

* Reside in the City of Bayswater, or represent a disability service provider or organisation within the City of Bayswater; and
* Live with a disability or are a parent, carer, advocate of a person with a disability, or be able to contribute expertise or advice on disability.

Community representatives are sought for a maximum of a two-year term, until October 2025.

**How to nominate**

If you would like to make a positive contribution to your community and be part of the decision making process, please refer to the Terms of Reference, Frequently Asked Questions, complete and submit the Nomination Form.

Nominations close **4.00pm** on **Friday, 8 December 2023.**

* **In Person:** 61 Broun Avenue, Morley WA 6062
* **Email:** [mail@bayswater.wa.gov.au](mailto:mail@bayswater.wa.gov.au)
* **Post:** PO Box 467, Morley WA 6943

Nominations should be submitted in writing by completing the Expression of Interest (EOI) application on the City's website. The Terms of Reference and options for how to submit completed nominations are also listed on the City's website [www.bayswater.wa.gov.au](http://www.bayswater.wa.gov.au).

Please contact Mel Dias on 9272 0694 if you require further information or to request the EOI in alternate formats.

**Nominations close 4:00pm on Friday 8 December 2023.**

**Jeremy Edwards  
CHIEF EXECUTIVE OFFICER**

**This form is available in alternative formats upon request.**

**Nomination Form**

**Your Details:**

|  |  |
| --- | --- |
| Organisation (if relevant) |  |
| First Name |  |
| Last Name |  |
| Home address |  |
| Email address |  |
| Daytime phone number |  |

1. **Please indicate which best describes you (check one or more boxes, if applicable):**

Reside in the City and live with a disability and/or are a parent, carer, advocate of a person with a disability.

Reside in or is a service provider/organisation within the City of Bayswater and are able to contribute expertise or advice on disability.

1. **Tell us why you are interested in joining the group:**

|  |
| --- |
| Comment: |

1. **What do you believe you can contribute to the group to help implement the City's Access and Inclusion Plan?**

|  |
| --- |
| Comment: |

1. **Are you involved in any other local groups/committees or involved with City of Bayswater community groups?**

Yes

No

|  |
| --- |
| If yes, please tell us the name of the committee and your role: |

1. **Have you previously been a member of any of the City's working groups, committees or advisory panels?**

Yes

No

|  |
| --- |
| If yes, please tell us the name/s of the working group, committee or advisory panel: |

1. **Have you read and understood the Disability Advisory Group Terms of Reference?**

Yes

No

|  |
| --- |
| If no, please explain: |

**For further information please contact:**

**Mel Dias**

**Coordinator Community Development  
City of Bayswater**

**PH: 9272 0694**