**Overview**

The City of Bayswater is seeking expressions of interest for five community members to join the Inclusion and Diversity Advisory Group. The purpose of the Inclusion and Diversity Advisory Group (group) is to focus on promoting equality and equal opportunity for people from culturally and linguistically diverse backgrounds and people who identify as LGBTQIA+ accessing and utilising the City’s services and programs.

We are seeking a maximum of 10 community members who satisfy one or more of the following criteria:

* Members who:

1. Reside in the City and who identify as LGBTIQA+ community members; or
2. Reside or is a service provider/organisation within the City of Bayswater and are able to contribute expertise or advice on matters relating to LGBTIQA+.

* Members who:

1. Reside in the City and who identifies as being from a culturally and linguistically diverse background; or
2. Reside or is a service provider/organisation within the City of Bayswater and are able to contribute expertise or advice on matters relating to culturally and linguistically diverse backgrounds.

Representatives for the group are sought for a two-year term, from the date of appointment 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, 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

All applicants will be notified of the outcome of their expression of interest nomination following the Council resolution arising from the Ordinary Council Meeting early in 2024.

**This form is available in alternative formats upon request.** Should you have any queries, please contact Mel Dias, Coordinator Community Development on 9270 4122 or emailing [inclusion@bayswater.wa.gov.au](mailto:inclusion@bayswater.wa.gov.au)

**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 who identify as LGBTIQA+

Reside in or is a service provider/organisation within the City of Bayswater and are able to contribute expertise or advice on matters relating to LGBTIQA+

Reside in the City and identifies as being from a culturally and linguistically diverse background

Reside in or is a service provider/organisation within the City of Bayswater and are able to contribute expertise or advice on matters relating to culturally and linguistically diverse backgrounds.

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

|  |
| --- |
| Comment: |

1. **What do you believe you can contribute to support promoting equality and equal opportunity for people from culturally and linguistically diverse backgrounds and people who identify as LGBTIQA+ accessing and utilising the City’s services and programs?**

|  |
| --- |
| Comment: |

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

Yes

No

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

1. **Have you read and understood the Inclusion and Diversity 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: 9270 4122**