ACCESS AND INCLUSION ADVISORY COMMITTEE



Expression of interest form

1. Provide your contact details.		
Name:		
Phone:	Email:	
Postal Address:		
2. Why do you want to be on City of Darwin's Access and Inclusion Advisory Committee?		
3. What background, skills, expertise, and knowledge will you bring to the Committee?		
4. Do you have any access requirements for attending the meeting or for receiving electronic		
communications?		
1 August, 3 Octob	o attend meetings at Casuarina Library from 1.30pm to 3per and 28 November. nt for members to be able to attend these meetings as a quorum is	om, on 4 April, 6 June,
necessary for all meet	ings. Meetings are from 1.00pm to 3.30pm at Casuarina Library.	
	or membership on City of Darwin's Access and Inclusion ee for appointment for a 2-year term for 2024 to 2026.	Agree

Your completed form can be emailed to darwin@darwin.nt.gov.au



Privacy Statement

Information provided in this form will be used for the assessment process and award announcements. The person nominating may be contacted to clarify any information contained within the form. City of Darwin may disclose the information provided by you to a third party in accordance with the NT Information Act or our Privacy Policy which is available on our website darwin.nt.gov.au