**CITY OF PARRAMATTA**

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**EXPRESSION OF INTEREST (EOI)**

**INFORMATION PACK**

**Access Advisory Committee**

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| Closing Time & Date | N/A |
| Submission Details | Expression of Interest - Access Advisory CommitteeTanya OwenCity of Parramatta CouncilPO Box 32Parramatta NSW 2124or towen@cityofparramatta.nsw.gov.auor126 Church StreetParramatta NSW 2150 |
| Information Enquiries | Tanya Owentowen@cityofparramatta.nsw.gov.au9806 5599 |

**Background**

The Access Advisory Committee’s purpose is to advise the City of Parramatta Council on the access needs of people with physical disabilities and access issues associated with intellectual, sensory, aural, visual and psychological challenges within the parameters of Council authority and responsibilities.

**Role of the Committee**

The Committee works with Council to:

* Provide specialist advice, input and feedback related to access issues
* Raise and address access issues with Council
* Educate and provide information to Council on access issues
* Provide advice towards and monitor the implementation of relevant Council planning programs and policies in relation to the Disability Discrimination Act 1992 and Council’s Disability Inclusion Action Plan (cityofparramatta.nsw.gov.au/living-and-community/disability-access-and-inclusion/disability-inclusion-action-plan).
* Provide advice on community programs and projects to improve inclusion for people with disability.

The Committee formally meets bi-monthly, and Members may be asked to meet to provide feedback in person or in writing on related matters, depending on availability and capacity of Members.

The Committee reports to Council through Council Reports.

**Membership**

Membership of the Advisory Committee is voluntary. It is important that a broad range of people who have access issues associated with physical, intellectual, sensory, aural, visual and psychological challenges are represented on the Committee. It is considered that Committee members should include, but not be limited to:

* Local Parramatta LGA residents with a disability
* People with a disability who work or study in the Parramatta LGA
* Disability experts and/or representatives of disability focused organisations with a presence in the Parramatta LGA

In addition, the following are ex-officio members:

* Parramatta City Councillors
* Council staff from relevant departments (eg Development, Traffic and Transport)

**Selection Criteria**

Committee members must be a minimum of 16 years old, and should meet both of the following key **selection criteria**:

* All members must also live, work, study or have a strong commitment to the Parramatta LGA.
* All members must demonstrate skills and capacity to contribute to the Committee.

Applicants to the Access Advisory Committee must further meet at least one of the following criteria:

* People with a disability who live, work or study in the Parramatta LGA.
* People employed by a disability service provider in the Parramatta LGA, or a Statewide/National disability organisation with a presence in the Parramatta LGA.
* People with a demonstrated qualification/ competency/ knowledge of legislative requirements such as the Disability Discrimination Act 1992.

**All applicants will be assessed according to the above Criteria, with a maximum of 12 people appointed as Members to the Committee.**

**EOI Submission**

Council invites interested members of the community to submit an EOI to Council while vacancies in Membership exist.

All enquiries or requests for information should go to Tanya Owen, Community Capacity Building, towen@cityofparramatta.nsw.gov.au or 9806 5599.

A panel of three (3) Council staff will assess EOIs against the selection criteria.

Recommendations for the appointment of the Access Advisory Committee will be made to Council for approval.

Requirements:

1. Your EOI should comprise Attachment 1 **completed.**
2. Your EOI should be marked **CONFIDENTIAL** and addressed to:

**Expression of Interest – Access Advisory Committee**

**Tanya Owen**

**City of Parramatta Council**

**towen@cityofparramatta.nsw.gov.au**

(for email)

**OR**

**PO Box 32**

**Parramatta NSW 2124**

(for post)

**OR**

**Ground Floor**

**126 Church Street**

**Parramatta NSW 2150**

(for submitting in person)

**Attachment 1**

CITY OF PARRAMATTA

Expressions of Interest Form – ACCESS ADVISORY COMMITTEE

I wish to be considered as a member of the City of Parramatta’s Access Committee.

Name: ………………………………………………………………………………………………

Address: ……………………………………………………………………………………………

……………………………………………………………………………………………………….

Employer/Business Name: (if applicable to submission) ………………………………………………………

Business Address: (if applicable) ……………………………………………………………….

……………………………………………………………………………………………………....

Phone: ……………………………… Mobile: ……………………………………………………

Email:…………………………………………………………………………………………….....

**Are you aged between 16-25 years old?: Yes / No**

(The City of Parramatta seeks to ensure the representation of young people on the Committee)

**Did you complete this form without assistance: Yes / No**

**If assistance was provided, please describe in what way/s:**

……………………………………………………………………………………………………....………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**1. I am (check the boxes that apply, or add “Yes”)**

i. a resident of the Parramatta LGA [ ]

ii. a worker in the Parramatta LGA [ ]

iii. a student in the Parramatta LGA [ ]

iv. employed by a disability service provider in the Parramatta LGA, [ ]

 or a statewide/national disability organisation with a presence in the Parramatta LGA.

v. Other strong connection with the Parramatta LGA [ ]

Please provide brief details:

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**2. I have: (check the boxes that apply, or add “Yes”)**

1. personal lived experience of disability Access issues [ ]
2. professional experience related to disability Access issues [ ]
3. expert knowledge related to disability Access issues [ ]
4. skills related to disability Access issues [ ]
5. other [ ]

Please provide brief details:

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**3. I have: (check the boxes that apply, or add “Yes”)**

i. knowledge of disability networks and communities [ ]

ii. contact with disability networks and communities [ ]

Please list relevant groups/organisations you are currently involved with and in what ways are you involved with them:

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**4. I have knowledge, skills and experience in providing independent and strategic advice on disability issues, in the following areas: (check the relevant boxes, or add “Yes)**

1. The built environment and urban planning [ ]
2. Economic participation [ ]
3. Housing and transport [ ]
4. Arts, culture and recreation [ ]
5. Civic participation in employment, service delivery and [ ]

decision making

1. Media and communication [ ]
2. Legislation regarding Access [ ]
3. Other (please describe): [ ]

………………………………………………………………………..

Please briefly describe your knowledge and experience:

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**5.** **Please describe why you want to join the Access Advisory Committee:**

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**6. In addition to the above, please describe the skills, knowledge and attributes you would bring to the Committee to help achieve the Committee’s aims:**.

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**7. Please provide information on any specific Access needs you have for the conveners to be aware of in the arrangement of meetings:**

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**8. Do you require a support worker to assist you in preparing for, attending and participating in meetings? (check the box that applies, or add “Yes”)**

i. Yes, I do need the assistance of a support worker. [ ]

ii. No, I do not need the assistance of a support worker [ ]

 **Please note that, while Council seeks to ensure that Advisory Committee meetings are accessible, Council does not provide the services of a support worker for members to prepare for, participate in and attend meetings. Where required, Council assumes that people who are appointed as Members of Advisory Committees will arrange for the assistance of a support worker as needed.**

**9. I, the undersigned (all boxes must be checked for submission to be considered):**

1. am committed to acting in accordance with Council’s Code of Conduct. [ ]
2. am committed to the principles of access and equity. [ ]
3. understand that I will be required to attend a compulsory induction workshop in order to formally participate as a Member in Committee Meetings. [ ]

Signature: ………………………………… Date: ………………………..

***Please attach any supporting documentation and submit your Expression of Interest per the instructions under “EOI Submission” in the prior section.***