**CITY OF PARRAMATTA**

**EXPRESSION OF INTEREST (EOI)**

**INFORMATION PACK**

**Access Advisory Committee**

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| Closing Time & Date | 4:00pm, Thursday, 30 June 2022. |
| Submission Details | Expression of Interest - Access Advisory Committee  CONFIDENTIAL  Tanya Owen  Community Capacity Building  City of Parramatta Council  PO Box 32  Parramatta NSW 2124  or  [towen@cityofparramatta.nsw.gov.au](mailto:towen@cityofparramatta.nsw.gov.au)  or  Ground Floor, 126 Church Street  Parramatta NSW 2150 |
| Information Enquiries | Tanya Owen  towen@cityofparramatta.nsw.gov.au  9806 5599, 0448 876 982 |

**Summary**

The Access Advisory Committee helps Council create an accessible city for all people. Members of the Committee are people who live, work or study in the Parramatta area, with experience or knowledge of barriers to access.

Council is looking for people with disability and other access challenges to become Members of the Committee. As a Member of the Committee, you would give advice on Council business to help us improve access in our services, programs and policies.

People who care about access and can meet the selection criteria (below) are encouraged to read and complete this Expression of Interest Form and submit to Council by 4:00pm, Thursday, 30 June 2022.This form is Council’s way to get to know you and how you may help Council as a Member of the Committee.

**Role of the Committee**

The Committee works with Council to:

* Provide specialist advice to Council relating to access issues.
* Provide advice, input and feedback to Council on Council’s Disability Inclusion Action Plan.
* Provide advice towards and monitor the implementation of relevant Council plans, facilities, programs and policies in relation to the Disability Discrimination Act 1992 and Australian Standards.
* Provide a forum for community members and organisations to raise and address access issues and the needs of people with disability in relation to Council business.
* Report back to individuals, organisations and networks on Council’s role and responsibilities, and its decisions relating to the Advisory Committee and access in the local community.

The Committee reports formally to Council through Council Reports presented at Council meetings.

**Committee Meetings**

The Committee formally meets on a Tuesday evening of every second month. Members may be invited to meet to provide feedback in person or in writing on related matters, depending on availability and capacity of Members. Meetings take place in-person on Council premises within the Parramatta CBD and online via Microsoft Teams. Attendance of Members is possible via either method, NSW Public Health Orders permitting.

The schedule for Committee Meetings for the remainder of 2022 is planned as follows:

Tuesday, October 4 2022, 5:30 – 7pm

Tuesday, December 6 2022, 5:30-7pm

While rare, Members should be aware that scheduled/expected dates may have to be changed due to a clash with public holidays or other Council meetings. Council will endeavour to consult with Members and provide as much notice as possible, to ensure attendance is possible.

**Membership**

Membership of the Advisory Committee is voluntary. Membership is approved by Council and continues until all Committees are dissolved for Local Government Elections. 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. In addition to Members drawn from the community, 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 live, work, or study in the Parramatta LGA, or have a strong connection to the LGA.
* All members must demonstrate skills and capacity to contribute to the Committee.

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

* People with disability;
* People employed with a specialised non-profit or social enterprise disability service located in the City of Parramatta LGA, supporting people with shared experience of access barriers;
* People with a demonstrated competency in legislative requirements such as the Disability Discrimination Act 1992 and Australian Standards.

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

The Selection Panel will consider the need for representation from people with different disabilities and expertise on the Access Advisory Committee.

**Travel Support**

When an appointed Committee Member is unable to attend a meeting using private or public transport for the journey to/from a meeting, Council can provide a Cabcharge voucher to the Member for either journey. The Member or their support person will need to book the taxi service for this journey if required.

The Committee Convenor will need to be informed of the need for a Cabcharge voucher at least five (5) days before an Advisory Committee meeting.

**Compulsory Induction Workshop – First Committee meeting (planned for 4 October 2022)**

In order to participate as a Member of the Committee, appointed Members must complete the Advisory Committee Induction Workshop. This is a short workshop that covers the roles and expectations of Committee Members and Council’s Code of Conduct. The workshop is planned to take place as part of the first meeting of the Advisory Committee, and this will be confirmed with appointed Committee Members.

**The first 2022 Access Advisory Committee Workshop is planned to take place on Tuesday 4 October 2022, 5:30 – 7:00pm. If an appointed Member is unable to make this date, they should communicate this to the Committee Convenor as soon as they are informed of their appointment by Council.**

**Expression of Interest (EOI) Submission Process & Instructions**

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

All enquiries or requests for information should go to Tanya Owen, Community Capacity Building, [towen@cityofparramatta.nsw.gov.au](mailto: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. Appointed Members will be informed of Council’s decisions following the Council meeting that considers the recommendations. Unsuccessful applicants will also be informed after this meeting.

Requirements:

1. All EOIs must be a **completed** Expression of Interest Form (Attachment 1)**.**

**You can also request to provide your responses to the questions in Attachment 1 verbally, over the phone. A Council Officer will formally record in writing your responses and submit the EOI on your behalf. To arrange a time to complete an EOI over the phone, please contact Tanya Owen, 9806 5599 or** [**towen@cityofparramatta.nsw.gov.au**](mailto:towen@cityofparramatta.nsw.gov.au)**.**

1. Your EOI should be marked **CONFIDENTIAL** and addressed to:

(Soft Copy, Email to Tanya Owen)

**Recipient Email Address (To):** [**towen@cityofparramatta.nsw.gov.au**](mailto:towen@cityofparramatta.nsw.gov.au)

**Email Title (Subject):** Expression of Interest – Access Advisory Committee, CONFIDENTIAL

**OR**

(Hard Copy, Post)

**CONFIDENTIAL**

**Tanya Owen**

**Community Capacity Building – Expression of Interest**

**City of Parramatta**

**PO Box 32**

**Parramatta NSW 2124**

**OR**

(Hard Copy, In Person)

**CONFIDENTIAL**

**Tanya Owen**

**Community Capacity Building – Expression of Interest**

**City of Parramatta**

**Customer Service - Ground Floor**

**126 Church Street**

**Parramatta NSW 2150**

**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 Name: (if applicable to submission, i.e. Question 1 below, Selection Criteria responses b. or d.) ………………………………………………………

Employer Address: (if applicable to submission) ……………………………………………………………………………………………...……….

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

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

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

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

(The City of Parramatta would like representation of young people on the Committee. If you are 16-17 years old, Parent/Guardian consent is required at the end of this form.)

**Was assistive technology/aids required to help you complete this form: Yes / No**

**Did someone assist you to complete this form?: Yes / No**

**What is the relationship of the person assisting you with this form?: …………………………………………………………………………………………………….**

**In what way was assistance provided to you with this form?** (For example, did you tell them your responses to write down? Did they think and write the response on your behalf?):

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

**1. I …**

(Mark the boxes that apply, or write “Yes” next to the response/s that are right for you)

a. Live in the Parramatta LGA (a resident)

b. Work in the Parramatta LGA

c. Study in the Parramatta LGA

d Am employed with a specialised non-profit or social enterprise

disability service located in the City of Parramatta LGA

e. Have a strong connection with the Parramatta LGA

For responses (b.) or (d.) above, please describe the disability advocacy organisation and/or your strong connection with the LGA:

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

**2. I have:**

(Mark the boxes that apply, or write “Yes” next to the response/s that are right for you)

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

Council seeks to ensure that the Access Advisory Committee Membership reflects a range of disabilities and access expertise. Please give details for your response above:

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**3. I have:**

(Mark the boxes that apply, or write “Yes” next to the response/s that are right for you)

a. knowledge of disability networks and communities

b. contact with disability networks and communities

Committee Members are chosen to be representatives of the community and community needs. They are also channels for sharing Council information with the community. Please list relevant groups/organisations you are currently involved with and in what ways are you involved with them:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**4. I have expert knowledge, skills and experience in providing advice on disability issues in the following areas:**

(Mark the boxes that apply, or write “Yes” next to the response/s that are right for you)

1. The built environment and urban planning
2. Economic (financial) 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 describe your knowledge and experience to support your answer/s above: (qualifications, employment, etc.)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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

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**6. In addition to your responses above, please describe any further skills, knowledge and qualities you would bring to the work of the Committee:**.

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**7. Please provide information on any specific physical Access needs for Council to be aware of in the arrangement of meetings to enable your participation** (venue, reading documentation, Auslan interpreters, etc)**:**

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**8. Do you require a support person to assist you in preparing for, attending and participating in meetings?**

(Mark the boxes that apply, or write “Yes” next to the response/s that are right for you)

a. Yes, I do need the assistance of a support person

b. No, I do not need the assistance of a support person

**Please note:** While Council seeks to ensure that Advisory Committee meetings are accessible, Council does not provide the services of a support person 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 person as needed.

**9. I, the undersigned:**

**ALL boxes must be marked for submission to be considered, or write “Yes” to after each statement**

1. am committed to the principles of access and equity;
2. understand that I will be required to attend a compulsory induction workshop in order to formally participate as a Member in Committee Meetings.

**Successful applicants will be required to comply with all Council’s policies, which may be updated from time to time, relevant to them in their capacity as a member of a wholly advisory committee.**

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

**(Applicant)**

***If you are aged 16 to 17 years old, we also require the consent of a parent or Guardian.***

**I……………………………………………...., as parent/guardian to the Applicant above, give**

**(First and Surname)**

**consent to the Expression of Interest being submitted, and if accepted by Council, for the Applicant to participate as a Member of the Committee for the term of the Committee / until the Applicant turns 18 years old (whichever comes first).**

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

**(Parent/Guardian)**

***Please submit your Expression of Interest per the instructions under “EOI Submission” in the prior section.***