



# I want to join the Council

## Ministerial Advisory Council on Disability



First read **What is the Ministerial Advisory Council on Disability**

Please fill in this easy read form

Your name

Address

Phone

Use this form if you want to be on the Council.



You can choose to

- Write in this Easy Read form
- Do the online form
- Tell us your answers over the phone



Contact Lucy if you need help

0481 757 295

[boards\\_committees@communities.wa.gov.au](mailto:boards_committees@communities.wa.gov.au)

## About you



**Full name**



**Address**



**Phone number**



**Email address**



**Do you have disability?**

☐ Yes ☐ No

**Please tell us about your disability**



## Do you have other disability experience?

For example

- Family member of a person with disability
- Carer
- Have a job to do with disability

☐ Yes

☐ No

Please tell us more about your experience



## Where do you live?

☐ Perth city

☐ Regional city

☐ Small town

☐ Somewhere else

Please tell us more about where you live

☐ Tick this box if you recently lived outside Perth city

## Why will you be good on the Council?



This is where you tell us why you would be a good Council member.



Show us what you know about disability.

Tell us about your skills and experience.

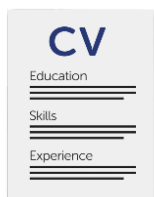


Think of times you did a great job in

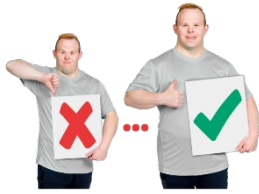
- Your life
- Your community
- Your work



## 1. What do you know about disability?



## 2. What is your experience in disability?



### 3. What have you done to help make change happen for people with disability?

For example advocacy



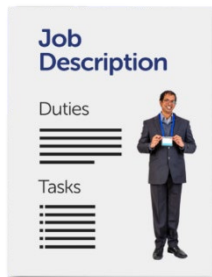
**4. Tell us about how you speak up for yourself and other people with disability.**



**5. How do you work together with others even when they do not agree with you?**



## What support do you need?



The Council member job includes

- Meetings
- Papers
- Emails



**What support or changes will help you do this work?**

- |   |   |
|---|---|
| <input type="checkbox"/> Screen reader accessible documents |   |
| <input type="checkbox"/> Easy Read                          | <input type="checkbox"/> Plain language         |
| <input type="checkbox"/> Large text                         | <input type="checkbox"/> Support to read papers |
| <input type="checkbox"/> Auslan                             | <input type="checkbox"/> Support in meetings    |
| <input type="checkbox"/> Sensory room                       | <input type="checkbox"/> Extra breaks           |
| <input type="checkbox"/> Captions                           | <input type="checkbox"/> Social stories         |
| <input type="checkbox"/> Something else                     |   |

**Please tell us more**



## More about you



**Are you Aboriginal?**

☐ Yes ☐ No ☐ Do not want to say



**How old are you?**

☐ Under 25 ☐ 25 to 34 ☐ 35 to 44 ☐ 45 to 54  
☐ 55 to 64 ☐ 65 or older ☐ Do not want to say



**Are you LGBTQIA+?**

☐ Yes ☐ No ☐ Do not want to say



**Are you from a different culture or do you speak a different language?**

☐ Yes ☐ No ☐ Do not want to say



**Is there anything else you want us to know about you?**

## Next steps



Please send

- This form
- and
- Your resume or CV



**By 2 February 2026**



**Email**

[boards\\_committees@communities.wa.gov.au](mailto:boards_committees@communities.wa.gov.au)



**Post**

Boards and Committees, Disability Division

Department of Communities

Locked Bag 5000

Fremantle WA 6959