



I want to join the Council

Ministerial Advisory Council on Disability



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

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

About you

R.J. SMITH



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



Post

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