



## Access & Inclusion Working Group Expression of Interest

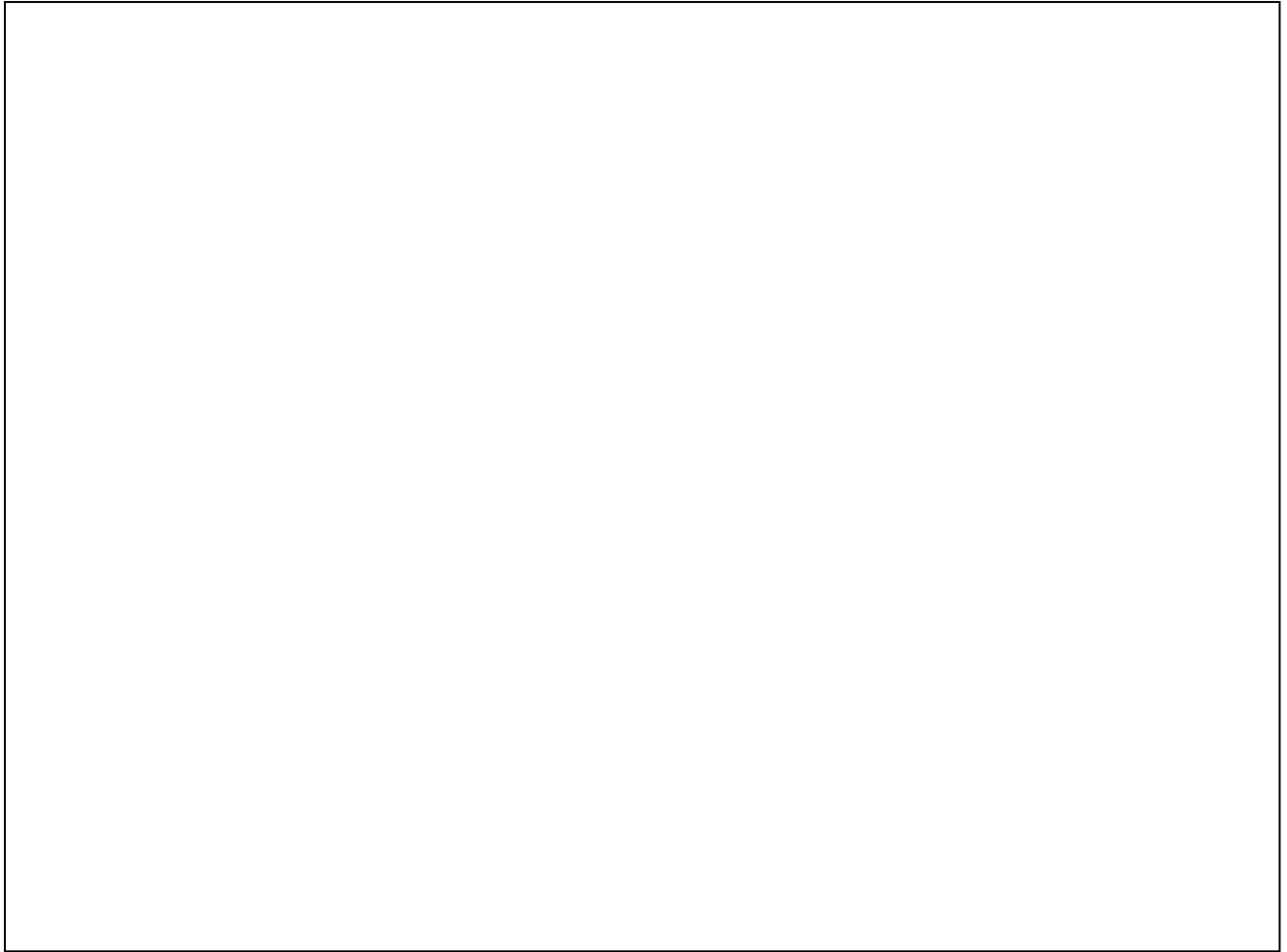
Name:	
Organisation (if applicable):	
Postal Address:	
Email:	
Mobile:	Contact Telephone number:

- I am a:
- Person living with a disability
  - Carer/parent of a person with a disability
  - Family member of a person with a disability
  - Agency that provides services to persons with a disability
  - Education support centre providing services to persons living with a disability

Please advise if you require any support for you to fulfil your role on this committee (ie: transport, care etc):

Please describe the skills, knowledge and/or lived experience you have in any or all of the following areas:

1. The access and inclusion needs of people living with a disability.
2. The access and inclusion needs of seniors.
3. The access and inclusion needs of people with mental health issues.



If you have any questions or queries, or require assistance with completing this form, please contact Caitlin Jameson, Community Development Officer, on (08) 6820 3008 or email [caitlin.jameson@albany.wa.gov.au](mailto:caitlin.jameson@albany.wa.gov.au)