### Expression of Interest - Consultation Group 2

Thank you for taking time to complete the expression of interest form to be considered as a member of the All Abilities Workforce and Sector Support Program Consultation Group 2. To complete your expression of interest form, there are a variety of different questions to answer. Some questions require you to write your answers in words, other questions require you to circle or highlight your answers from the choices provided.

Your application will take approximately 5-10 minutes to complete.

Please take your time, consider all of your answers carefully and we look forward to learning more about you.

### About You

We are gathering some basic information about you to ensure your suitability for the group

**Full Name:** …………………………………………………..

**Email Address:** .…………………………………………..

**Contact phone number:** ………………………………..

**Preferred method of contact:** Phone / Email / Either

**Are you a sport and recreation employer or manager/leader of a sport and recreation facility or disability focused community organisation in regional Victoria?** Yes / No

**What is your job title?**

…………………………………………………………………

**What is the name of your organisation:**

…………………………………………………………………

**Your Age:**

18-24 / 25-34 / 35-44 / 45-54 / 55-64 / 65+

**Your Gender:**

Female / Male / Non-binary / Prefer not to say

**Are you a person with disability:** Yes / No

**If you are a person with disability, please identify your disability (circle or highlight all that apply)**

Intellectual / Cognitive / Neurological / Sensory / Physical / Psychosocial

**Are you a carer of person/s with disability?**

Yes / No

**If you are a carer of person/s with disability, please identify the disability of the person/s you care for (circle or highlight all that apply)**

Intellectual / Cognitive / Neurological / Sensory / Physical / Psychosocial

**We are committed to ensuring everyone can attend and participate equally. If you have any accessibility needs to support your attendance in online meetings, please let us know your requirements by writing them on the lines below**

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

**Do you identify as Aboriginal or Torres Strait islander?**

Yes / No / Prefer not to say

**If yes, please tell us your clan or language, if you’re comfortable doing so.**

…………………………………………………………………

**Do you come from a culturally or linguistically diverse background?**

Yes / No / Prefer not to say

**If yes, please tell us your cultural identity, if you’re comfortable doing so.**

…………………………………………………………………

**Are you a part of the LGBTIQA+ community / communities?**

Yes / No / Prefer not to say

**If yes, please tell us your LGBTIQA+ identity, if you’re comfortable doing so.**

…………………………………………………………………

### Your Organisation’s Regional Location

As the All Abilities and Workforce Sector Support Program has a focus on regional Victoria, it's important we have consultation group members from organisations representing a spread across regional Victoria.

Identifying your regional location is compulsory for your application to be deemed valid.

**From the list below, please select the local council area that you will be representing.**

**Barwon South West**

* Colac Otway
* Corangamite
* Glenelg
* Greater Geelong
* Moyne
* Queenscliff
* Southern Grampians
* Surf Coast
* Warrnambool

**Gippsland**

* Bass Coast
* Baw Baw
* East Gippsland
* Latrobe
* South Gippsland
* Wellington

**Grampians**

* Ararat
* Ballarat
* Golden Plains
* Hepburn
* Hindmarsh
* Horsham
* Moorabool
* Northern Grampians
* Pyrenees
* West Wimmera
* Yarriambiack

**Hume**

* Alpine
* Benalla
* Greater Shepparton
* Indigo
* Mansfield
* Mitchell
* Moira
* Murrindindi
* Strathbogie
* Towong
* Wangaratta
* Wodonga

**Loddon Mallee**

* Buloke
* Campaspe
* Central Goldfields
* Gannawarra
* Greater Bendigo
* Loddon
* Macedon Ranges
* Mildura
* Mount Alexander
* Swan Hill

**Application Questions**

We’d like to know more about you, your motivation for applying, along with your skills, knowledge and experiences. Please take time to answer all four questions in this section. Answers should be around 100-200 words each

1. **What has motivated you to apply to be part of the All Abilities Workforce and Sector Support Program Consultation Group?**

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

1. **What professional skills or experience (paid or voluntary) would you bring to the role?**

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1. **What particular issues in relation to sport and active recreation are you passionate about, and what makes these issues important to you?**

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1. **What is your interest and / or current involvement in sport and / or active recreation? This includes all the different roles you can be involved in, such as playing / participating, spectator, parent, coach, official, volunteer. Note: Sporting ability or engagement is not necessary to apply – we still want to hear from you.**

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

**Your Availability**

Consultation Group Meetings will occur periodically, in alignment with project progress and milestones. Meetings will be approximately two hours, held online via Microsoft Teams. Please indicate your availability for these meetings.

Please note, your availability, or unavailability does not exclude you from applying.

**From the days and times listed below, please select your best availability across all days of the week (tick all that apply)**

**Monday:**

Morning 8am-11am

Midday 12pm-2pm

Afternoon 3pm-5pm

After Hours 5pm-7pm

Unavailable

**Tuesday:**

Morning 8am-11am

Midday 12pm-2pm

Afternoon 3pm-5pm

After Hours 5pm-7pm

Unavailable

**Wednesday:**

Morning 8am-11am

Midday 12pm-2pm

Afternoon 3pm-5pm

After Hours 5pm-7pm

Unavailable

**Thursday:**

Morning 8am-11am

Midday 12pm-2pm

Afternoon 3pm-5pm

After Hours 5pm-7pm

Unavailable

**Friday:**

Morning 8am-11am

Midday 12pm-2pm

Afternoon 3pm-5pm

After Hours 5pm-7pm

Unavailable

**Do you have managerial / organisational approval to be applying for this consultation group?**

Yes / No / I don’t require managerial / organisational approval

**Privacy Statement**

Disability Sport and Recreation (DSR) is collecting your personal information such as your name and contact details to assess your eligibility for All Abilities Workforce Sector Support Program (2024-2027) Consultation Group, and for future projects.

We are using Microsoft Forms, which stores your information in secure databases which reside outside of Australia in the USA. If you have any concerns with your personal information being stored outside of Australia, please contact the DSR project team at info@dsr.org.au or 8652 9722.

By completing this application form you are consenting to having your information collected, processed and stored by Disability Sport and Recreation.