



**Ministerial Advisory Council on Disability**  
Independent adviser to the WA Minister for Disability Services  
Keeping government informed



## Application Package 2017

Thank you for your interest in nominating for Council membership. Please read the following information on how the Council operates and how you can apply for membership. Further information can be obtained by visiting our website [www.macd.wa.gov.au](http://www.macd.wa.gov.au).

### Role of the Council

The Council is an independent body established under the Disability Services Act 1993. The Council provides advice to the State Minister for Disability Services on matters affecting or likely to affect people with disability, their families and carers.

### Council Membership

Council is comprised of 14 members selected and appointed by the Minister. Membership must reflect the spectrum of people with a disability and includes people with disability, family members, carers, advocates and service providers. The Chair of the Council is also a member of the Board of the Disability Services Commission.

### Duties of Council Members

As an approximate guide, Council members are asked to:

- Attend meetings – last Friday of each month (excluding December) 10.00am – 1.30pm
- Read and respond (where necessary) to agendas, minutes and other information/reports circulated by the Council Secretariat.
- Respond to requests by the Council Chairperson or Secretariat for verbal or written input into correspondence, discussion papers and reports.
- Represent the Council at events, meetings, conferences and other functions.
- Participate in projects in a manner appropriate to the member's ability.

### Remuneration

Members are paid a sitting fee of \$5,555 per annum. Those who are currently employed by a government authority or a public academic institution are not eligible for remuneration.

Whilst on official Council business country members are reimbursed for travel costs. Cab-charge vouchers are provided for those members who, because of their disability, are unable to drive a motor vehicle.

## **Application Process**

### **Current Vacancies**

There are currently four vacancies on Council. A balanced representation of membership is important and this will be considered throughout the selection process. Applicants who are not successful on this occasion may be considered for vacancies that arise over the next two years.



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## What to include in your application

Your application **must** include **all** the following documentation:

**1. Application form (attached)**

**2. Covering Letter**

Detailing your knowledge, experience and relevant links and associations within the community and how this will assist you in your role as a Council member – no more than 2 pages.

**3. Current Resume**

No more than 2 pages – this is a strict requirement

## How to lodge your application

Please submit your application by:

**Email:** [advisory@dsc.wa.gov.au](mailto:advisory@dsc.wa.gov.au) or [peta.kenworthy@dsc.wa.gov.au](mailto:peta.kenworthy@dsc.wa.gov.au)

**Post:** Peta Kenworthy  
Executive Support Officer  
Ministerial Advisory Council on Disability  
PO Box 494  
WEST PERTH WA 6872

**Fax:** (08) 9226 2316

**Applications close at 5.00pm on Friday 02 June 2017**

## What happens next?

Applications are processed and considered by the Minister for Disability Services. Following final selection, formal endorsement of appointment is required by Cabinet. Please be patient as this process can sometime take up to two months. All applicants will receive notification on the outcome of their application.

If you require further information or any assistance with your application please contact Peta Kenworthy on 9426 9269, 1800 629 269 (country callers), [peta.kenworthy@dsc.wa.gov.au](mailto:peta.kenworthy@dsc.wa.gov.au) or visit [www.macd.wa.gov.au](http://www.macd.wa.gov.au) .

**Thank you for your interest.**



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Please attach this form with your application

Personal Details		
<b>Surname:</b> Click here to enter text.	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other
<b>Other names:</b> Click here to enter text.	<b>Date of Birth:</b> Click here to enter text.	
<b>Address:</b> Click here to enter text.		
<b>Suburb:</b> Click here to enter text.	<b>State:</b> Click here to enter text.	<b>Postcode:</b> Click here to enter text.
<b>Email address:</b> Click here to enter text.		
<b>Mobile Phone No:</b> Click here to enter text.	<b>Home phone:</b> Click here to enter text.	<b>Work phone:</b> Click here to enter text.

Perspective	
Person with a disability <input type="checkbox"/>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
Family/Carer <input type="checkbox"/>	
Service Provider <input type="checkbox"/>	
Advocate <input type="checkbox"/>	
Other <input type="checkbox"/>	
Specify: Click here to enter text.	

Current Occupation
Click here to enter text.

Where did you see this vacancy advertised?
<input type="checkbox"/> Newspaper
<input type="checkbox"/> Organisation / Agency (please specify) Click here to enter text.
<input type="checkbox"/> Friend
<input type="checkbox"/> Other (please specify) Click here to enter text.

**Applications close at 5.00pm on Friday 02 June 2017**

**Your application should include a cover letter, your Resume and this form.**

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146 – 160 Colin Street, West Perth WA 6005 | PO Box 494, West Perth WA 6872

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Email: [advisory@dsc.wa.gov.au](mailto:advisory@dsc.wa.gov.au) | Web: [www.macd.wa.gov.au](http://www.macd.wa.gov.au)