



Council House
27 St Georges Terrace
Perth WA 6000
T 08 9461 3333
E info@cityofperth.wa.gov.au

LGBTQIA+ Advisory Group Nomination Form

Thank you for considering joining this prestigious group.

Please see the FAQ page on [Engage Perth](#) or contact the Community Services Team on 9461 3333 if you have any questions in relation to the LGBTQIA+ Advisory Group.

Please submit your completed nomination form by 5pm, Wednesday 3rd May 2023 to:

Email: cms@cityofperth.wa.gov.au

In person: Council House, 27 St Georges Terrace, Perth WA 6000

Post: City of Perth, GPO Box C120, Perth WA 6839

This document can be provided in alternative formats or languages upon request.

Following are the two nomination forms: please complete only the most relevant form.

- 1. Nomination form for individuals**
- 2. Nomination form for organisations**

1. Nomination Form for individuals

Your name and pronouns	
First name	
Last name	
Pronouns	
Contact Details	
Home address	
Email	
Telephone (at least one is required)	Home:
	Work:
	Mobile:
Preferred method of contact	
Information for the assessment of group composition regarding: a) Links to City of Perth b) Meeting the aim for a diverse group	
Do you reside in the City of Perth?	Yes / No
Do you work or volunteer in an organisation that services City of Perth residents?	Yes / No If yes, name of organisation:
Identification (select all that are relevant) (A response is optional, but is encouraged))	☐ Male ☐ Female ☐ Non-binary ☐ Transgender ☐ Other
Age group (A response is optional, but is encouraged))	☐ 18 to 25 ☐ 26 to 35 ☐ 36 to 45 ☐ 46 to 55 ☐ 56 to 65 ☐ 66 to 75 ☐ 76 years old or older

Are you an Aboriginal and/or Torres Strait Islander? <i>(A response is optional, but is encouraged)</i>	Yes / No
What race/ethnicity best describes you? <i>(A response is optional, but is encouraged)</i>	
Selection criteria questions Questions 2 to 6 are the scored questions, with other questions to provide context for the panel. The weightings for the scored questions are provided for transparency of the process.	
1. For context, please tell us a bit about yourself.	
2. Please outline the reasons for your interest in joining the LGBTQIA+ Advisory Group.	
3. Please provide an overview of your experience working in teams, with community groups, boards and organisation. <i>(Weighting of 30%)</i>	
4. Please provide a brief overview of your knowledge and/or lived experience with equity, diversity and inclusion matters. <i>(Weighting of 40%)</i>	
5. Outline your experience as a change agent in equity, diversity and inclusion matters in the community <i>(Weighting of 20%)</i>	
6. If you are a member of any other committees, working groups or organisations please provide the name of the group and your role. <i>(Weighting of 10%)</i>	
7. Optional question: If you would like to make any other comments regarding your nomination for the City of Perth's LGBTQIA+ Advisory Group, please comment here.	
Affirmation	

I am available for meetings on Mondays 5pm to 7pm.	Yes / No
I agree to the LGBTQIA+ Advisory Group Terms of Reference	Yes / No

2. Nomination Form for organisations

Organisation's details	
Name of organisation	
Organisation's address	
Organisation's website address	
Does the organisation have an office or service location within the City of Perth?	Yes / No If yes, please provide the City of Perth address:
Does the organisation provide services to City of Perth residents?	Yes / No
Contact Details of the main person who will be representing the organisation	
Name of main contact person	First name:
	Last name:
	Pronouns:
Telephone number/s	Work:
	Mobile:
Email	
Preferred method of contact	
Information regarding the main person who will be representing the organisation for the ;panel's assessment of group composition regarding: a) Links to City of Perth b) Meeting the aim for a diverse group	
Do you reside in the City of Perth?	Yes / No
Identification (select all that are relevant) <i>(A response is optional, but is encouraged))</i>	☐ Male ☐ Female ☐ Non-binary ☐ Transgender ☐ Other
Age group <i>(A response is optional, but is encouraged))</i>	☐ 18 to 25 ☐ 26 to 35 ☐ 36 to 45

	☐ 46 to 55 ☐ 56 to 65 ☐ 66 to 75 ☐ 76 years old or older
Are you an Aboriginal and/or Torres Strait Islander? <i>(A response is optional, but is encouraged)</i>	Yes / No
What race/ethnicity best describes you? <i>(A response is optional, but is encouraged)</i>	
Contact Details of the proxy who will be representing the organisation in the event that the main person cannot attend	
Name of main contact person	First name:
	Last name:
	Pronouns:
Telephone number/s	Work:
	Mobile:
Email	
Preferred method of contact	

Selection criteria questions for the organisation	
Questions 2 to 6 are the scored questions, with other questions to provide context for the panel. The weightings for the scored questions are provided for transparency of the process.	
1. Please tell us a bit about the organisation.	
2. Please outline the reasons for the organisation's interest in joining the LGBTQIA+ Advisory Group.	
3. Please provide an overview of the organisation's main representative's experience working in teams, with community groups, boards and organisation. <i>(Weighting of 30%)</i>	
4. Please provide a brief overview of the organisation's knowledge and/or the main representative's lived experience with equity, diversity and inclusion matters.	

<i>(Weighting of 40%)</i>		
5. Outline the organisation's experience as a change agent in equity, diversity and inclusion matters in the community <i>(Weighting of 20%)</i>		
6. If the organisation, or the main representative is a member of any other committees, working groups or organisations please provide the name of the group and the role. <i>(Weighting of 10%)</i>		
7. Optional question: If you would like to make any other comments regarding this nomination for the City of Perth's LGBTQIA+ Advisory Group, please comment here.		
Affirmation		
The main representative and proxy confirm that they are available for meetings on Mondays 5pm to 7pm.	Main representative	Yes / No
	Proxy	Yes / No
The main representative and proxy agree to the LGBTQIA+ Advisory Group Terms of Reference	Main representative	Yes / No
	Proxy	Yes / No