**Victoria ALIVE Project Advisory Group**

**Expression of Interest Form**

**What is your name?**

**What are your contact details (phone and email)?**

**If you are a person living with disability, which category of disability do you identify with? (Intellectual, physical, sensory, mental health, other- please specify)**

**If you do not have a disability, are you a carer or family member of a person with a disability?**

**Why do you want to advise the Victoria ALIVE project?**

**Please tell us about a time you advocated for change or supported another person with a disability.**

**Please tell us about any volunteering experience you have. Please include any involvement you have had with Neighbourhood Houses.**

**Do you have any access requirements or is there any support you require to participate in the advisory group? Please explain briefly.**

**Are you available to meet during business hours? If not, how can we accommodate your needs?**

**When returning this form, please attach your CV or a short summary of your work and volunteering experience.**

**Thank you.**