



Application for NSCAD University's Accessibility Advisory Committee Member

Committee Application Form

Applicant Name

Street Address

Postal Code

Home Telephone

Work/Cell Telephone

E-mail Address

Occupation (*if applicable*)

Application for appointment to (*Committee Name*)

- 1. Describe how your lived experience, community involvement, education, or work might be helpful to this committee.**

- 2. Why are you interested in serving on this committee?**

- 3. What contribution do you believe you can make to this committee?**

- 4. What past contributions have you made on a similar committee or organization?**

5. What experience do you have in exchanging your views with others and in appreciating and respecting the skills, abilities and knowledge of others?

6. Are you a person with a disability, or do you represent an organization representing people with disabilities?

Yes

No

Note: At least one half of the members of the advisory committee must have a disability or represent an organization that represents people with disabilities.

7. If you are a person with disability or represent an organization representing people with disabilities, what disability/disabilities do you or your organization represent?

Note: Members with a variety of disabilities will bring diverse perspectives to this committee. We will strive to accommodate all members to ensure they are able to fully participate.

8. Organization/Sector you are representing (*if applicable*):

Interview Option: All or some of the applicants might be invited to attend a short interview. The purpose of the interviews is to give applicants an opportunity to elaborate on their application.

I consent to disclose the personal information shared in this form with ReachAbility and the Accessibility Advisory Committee.

Applicant Signature

Date