

# EOI Form

## Expression of Interest



## Local Advisory Group



## For the Inclusive Community Planning Research Project



By Queensland University of Technology  
We will say **QUT**



Form for people who live in **Clarence City**  
**Council Tasmania**



EASY READ Version 2020

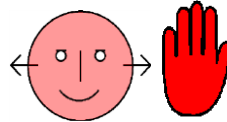


**Before you start**

**I have read the Local Advisory Group rules called Terms of Reference**



Yes



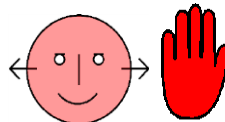
No. You can stop now. Please read the information first.



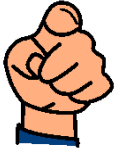
**I understand the rules of advisory group**



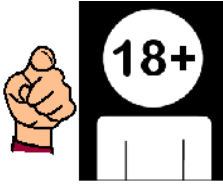
Yes



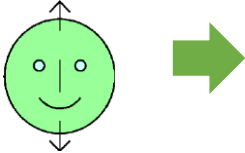
No. You can stop now. Please ask someone to help.



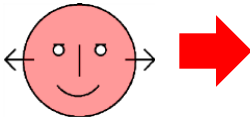
## About You



### 1. Are you 18 years and Older



Yes, go to question 2



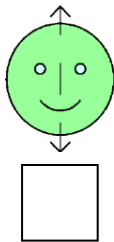
No, if you are **16 years or 17 years** you need to get **your parent/guardian** to signed page 8 before sending to QUT.

You can go to question 2 now.

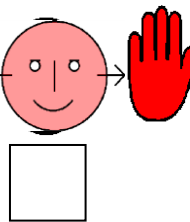


### 2. Do you have a disability?

This can include chronic illness.



Yes



No. You can stop now.



### 3. I live in



Clarence... a brighter place

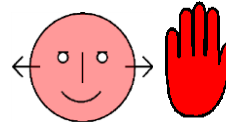
Clarence City Council



Tasmania



Yes



No. You can stop now



My Address is

---

my postcode is

---

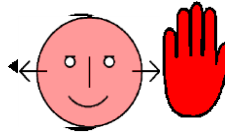
# Why Would You Like To Join The Local Advisory Group?



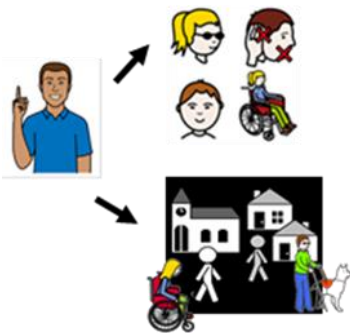
4. Are you interested in inclusive communities



Yes



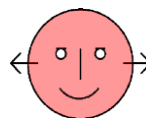
No. You can stop now



5. Do you know about disability and inclusion



Yes

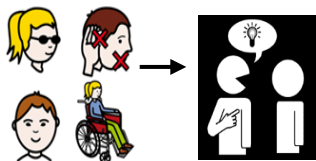


No.

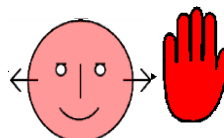


## 6. Do you want to help people with a disability

have a say



Yes

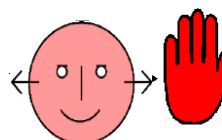


No. You can stop now

## 7. Are you able to come to meetings



Yes



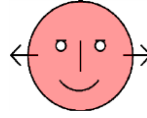
No. You can stop now



8. Are you OK using email to talk outside of meetings



Yes



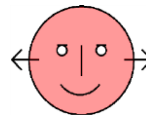
No.



9. Can you work with others



Yes



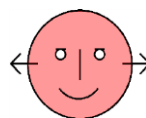
No



10. Are you Ok telling local people and local groups about QUT's research



Yes



No

# Personal Information



Your Name \_\_\_\_\_



Tick your age group

16 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 and older



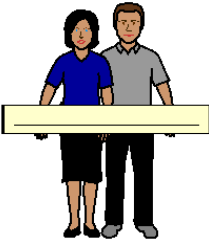
Your Telephone \_\_\_\_\_



Your Email : \_\_\_\_\_

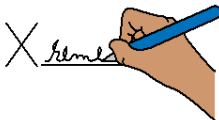


If you are **16 or 17 years of age** we require you to have the support of your parent/care giver before sending your EOI.



Mum or Dads Name: \_\_\_\_\_

Mum or Dads Signature:



Date Signed \_\_\_ / \_\_\_ / \_\_\_\_

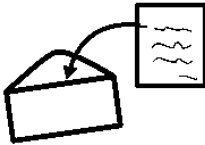


## Returning the EOI



Email the form to [lisa.stafford@qut.edu.au](mailto:lisa.stafford@qut.edu.au)

or



Post to

Dr Lisa Stafford

School of Public Health and Social Work

Queensland University of Technology

GPO Box 2434 Brisbane QLD 4001



Need Help



Contact the researcher, Dr **Lisa** Stafford.

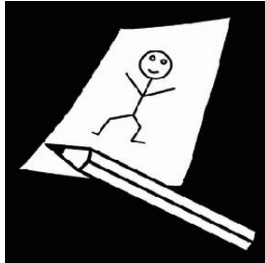
Email [lisa.stafford@qut.edu.au](mailto:lisa.stafford@qut.edu.au)



Phone 07 3138 4595



Thank you for your EOI



Images

We used images from:

BoardMaker Mayer-Johnson

Picto-Selector

Pixabay CC

**Nomination Form - Voluntary Local Research Advisory Group - Gympie Regional Council**



For The Inclusive Community Planning Research Project  
Research by Dr Lisa Stafford at QUT, Supported By Gympie Regional Council

**BACKGROUND**

The purpose of this research project is to identify how we can better plan communities to be more inclusive of people with disabilities in regional areas.

The research is a three-year project that will be occurring from 2020 – 2022.  
This project is funded by the Australian Research Council under DE190101512 - ARC Discovery Early Career Researcher Award (DECRA).

This form is based on the EOI form for

Advisory Group for the Inclusive Community

Planning Research Project January 2020.

<https://www.inclusivecommunityplanning.com/>

[m/local-research-advisory-groups](https://www.inclusivecommunityplanning.com/local-research-advisory-groups)