



# LGBTIQA+ Advisory Committee member position statement

You will now be asked for some additional demographic information which will help us understand who we are hearing from in our community. Providing this information is optional. If you elect to provide answers to the following questions, you consent to: Council using the data to assess your eligibility to participate in, and contribute to, the Stonnington LGBTIQA+ Advisory Committee plus use any information to enhance Council's service provision.

Any sensitive data collected will later be de-identified and stored or shared as aggregate data for reporting or process improvement purposes. Any sensitive information collected will be held for a maximum of two years from the date of collection and will be held separately to the aggregate data set so that it cannot be data-matched and become a re-identifiable data set. If you wish to revoke or withdraw your consent at any time, please contact Council's Privacy Officer at: [council@stonnington.vic.gov.au](mailto:council@stonnington.vic.gov.au)

## About you

### 1. I am applying as a: *(select all that apply)*

- LGBTIQA+ identifying community member
- representative of a local organisation and network that supports Stonnington's LGBTIQA+ community
- representative of Stonnington's business community.

### 2. What is your age range?

- 18 to 25 years old
- 26 to 35 years old
- 36 to 45 years old
- 46 to 55 years old
- 56 to 65 years old
- 66 to 75 years old
- 76 to 85 years old
- More than 86 years old

### 3. Please select the options that relate to you *(optional response)*

- I am a person with disability
- I speak a language other than English
- I identify as having a culturally or linguistically diverse background
- I am Aboriginal and/or Torres Strait Islander



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4. Please tell us a bit about yourself or the organisation/business you represent.

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5. Please outline the reasons of your interest in joining the LGBTIQA+ Advisory Committee

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6. Please provide a brief overview of your experience working in teams, with community groups, boards and organisations. If you are a member of any other committees, working groups or organisations please provide details.

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7. Do you have any other comments that you would like to make regarding your nomination for the City's LGBTIQA+ Advisory Committee?

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## Contact details

First name  Last name

Organisation *(if applicable)*

Home/Work address

Postcode

Phone number  Email