

Application for Membership

Homelessness Taskforce

Applications are currently being sought for members of Shoalhaven City Council's Homelessness Taskforce. This is an exciting opportunity to bring your experiences and ideas and offer a fresh and unique perspective to the Taskforce.

The Homelessness Taskforce is a committee that brings together local homelessness services, community members and all levels of government, to develop ideas and solutions to address the issue of homelessness in the Shoalhaven Local Government Area.

The Committee are looking for local community members who are:

- Passionate about the issue of homelessness and/or have experienced homelessness whilst living in the Shoalhaven Local Government Area.
- Interested in being an advocate for people experiencing homelessness in the community.
- Have an interest in local government and would like to learn more about its role in the community.
- Motivated to drive change through local government.
- Available to attend quarterly meetings.
- Reachable by phone, email or postal address in order to be notified of meetings and updates.

Role of the Taskforce is to:

- Bring together a range of knowledge and experiences in the field of homelessness and related issues, including local homelessness and welfare services, community members with lived experiences of homelessness and government services.
- Represent community views on homelessness issues to local, state and federal government representatives.
- Work with Council to address issues, develop ideas and identify solutions that can be implemented on a local government level.
- Advise on the development of a 'Homelessness Strategic Plan' and provide feedback on relevant Council policies and strategies.

How to apply

- Please complete this form and return by post to The Chief Executive Officer (CEO), Shoalhaven City Council, PO Box 42, NOWRA NSW 2541, or email it to communityconnections@shoalhaven.nsw.gov.au
- Applications close 20th January 2022
- If you need help completing your application or require interpretive services, please contact us. We are happy to answer any questions you have.
- Contact us on communityconnections@shoalhaven.nsw.gov.au or call 02 4429 3539

1. Details of Applicant					
Surname: Given Name:					
Pronoun:					
'he/him' 'she/her' 'they/them'					
Email*					
Postal Address					
Town of Residence:					
Phone: (I	Home)	(Mobile)	(Work)		
Preferred method of contact:					
*Correspondence with Committee Members will be sent via email unless otherwise advised.					
2. Further Information					
Are you a member of one or more of the following groups (please mark)?					
 Person with a disability Non-English speaking or cultural background Aboriginal and/or Torres Strait Islander LGBTQIA+ None of the above 					
Do you currently identify with any of the below homelessness indicators?					
 I do not have any suitable accommodation alternative options I am living in a dwelling that is inadequate I am living in an improvised dwelling, i.e. sleeping in a tent or sleeping rough I am living in supported accommodation for the homeless, i.e. a shelter I am living temporarily with other households I am living in a boarding house I am living in a severely overcrowded dwelling I have no tenure, or I only have a short or non-extendable tenure I do not live in a dwelling that provides space for social relations I do not identify with the above Prefer not to answer 					
Have you previously identified with any of the below homelessness indicators?					
	ved in a dwelling that ved in an improvised of ved in supported accoured temporarily with or ved in a boarding house ved in a severely over lid not have a tenure, or	dwelling, i.e. sleeping in a tommodation for the homeles ther households se crowded dwelling or I only had a short or non- g that provided space for so	tent or sleeping rough ess, i.e. a shelter n-extendable tenure		

3. Why would you like to join the Shoalhaven Homelessness Taskforce?	
4. I will bring the following skills / experience and/or attributes to the Tas	kforce:
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5. If you have personally experienced homelessness in the Shoalhaven provide a brief description of your experience.	Local Government Area, please

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Attachments of further information supporting your application are permitted.

Privacy Notification: Shoalhaven City Council is collecting the information on this Contact Details Form in order to ensure correct contact information for the distribution of Business Papers. Contact information collected will be used solely by Council staff for the stated purpose. The supply of this information is voluntary, and individuals may apply for access to, or correction of, their personal information at any time.