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| **NDIS Critical Reference Group Expression of Interest** | | | | |
| Name: |  | | | |
| Email Address: |  | | | |
| Phone Number: |  | Date of Birth | |  |
| Address: |  | | | |
|  | | | | |
| **Please state if any of the following apply: (Demographics)** | | | | |
| Aboriginal or Torres Strait Islander | | |  | |
| LGBTQIA+ | | |  | |
| Culturally and Linguistically Diverse | | |  | |
| Person with a Disability | | |  | |
| Other: Please state below | | | | |
|  | | | | |
| **General Questions** | | | | |
| Why are you interested in joining the VMIAC NDIS Critical Reference Group? | | | | |
|  | | | | |
| What makes our reference group meaningful to you? | | | | |
|  | | | | |
| What do you hope to achieve from joining the group? | | | | |
|  | | | | |
| Do you have any expectations you would like to let us know about with regards to joining? | | | | |
|  | | | | |
| What do you believe are two key issues relating to the NDIS? | | | | |
|  | | | | |
| Are You a Member of VMIAC. (All members of the CRG have to be VMIAC members, membership is free and you can sign up by [clicking here!)](https://www.vmiac.org.au/get-involved/membership/) | | |  | |
| Are you a participants of the NDIS | | |  | |