



**MANAGEMENT COMMITTEE NOMINATION FORM**

DO YOU WANT TO HAVE A SAY?

Ability Incorporated Advocacy Service is currently looking for people who have a disability to be on their Management Committee.

If you choose to nominate, could you please return this nomination form.

NAME:----- PHONE: -----

ADDRESS:-----  
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POSITION APPLIED FOR: -----

DISABILITY

(Please tick)  PHYSICAL  ACQUIRED BRAIN INJURY  DEVELOPMENTAL  
 PSYCHATRIC  SENSORY (VISUAL, HEARING ETC.)

ARE YOU A SUPPORTED PERSON? (YES) (NO)

PLEASE FILL IN BELOW WHY YOU WANT TO BE ON ABILITY INCORPORATED'S MANAGEMENT COMMITTEE.

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Signed ----- Date -----/-----/-----

President's Signature -----