

Asset Plan Panel Group EOI Form

Your full name

Contact number

Email address

Your gender

Male

Female

Other

I'd Prefer Not to Say

What age bracket do you fall into?

17 and under

18-24

25-34

35-44

45-54

55-64

65 and over

I... (tick all that apply)

Live in Maribyrnong

Work in Maribyrnong

Study in Maribyrnong

Recreate in Maribyrnong

Which suburb do you spend most of your time in?

Braybrook

Kingsville

Footscray

West Footscray

Yarraville

Seddon

Maidstone

Maribyrnong

Have you participated in a Council Advisory Committee and Working Group in the past 12 months?

Yes

No

Please confirm you are willing to commit to up to three meetings in the first quarter of 2022? Sessions will likely be held via Zoom, pending COVID-19 restrictions.

Yes

No

Is there anything we can do to support you to participate in the Asset Plan Panel? (E.g. access to technology for online sessions, translation services etc.)?

Please declare any potential conflict of interest(s) that may impact your ability to serve as a Panel member? For example, you are a Councillor or Council officer, a family member of a Councillor or Council Officer, or you are a Member of Parliament or a candidate.

Yes

No