|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | |
| Minister’s Advisory Council for Senior Territorians | | | | | | | | | | | | | | | | | | | | | | | |
| Fields marked with an asterisk (\*) are required. | | | | | | | | | | | | | | | | | | | | | | | |
| Contact information \* | | | | | | | | | | | | | | | | | | | | | | | |
| Title \* | |  | | | | | | | | | | | | Gender\* | | | |  | | | | | |
| First name \* | | |  | | | | | | | | | Last name \* | | | | | |  | | | | | |
| Email \* | |  | | | | | | | | | | Postal address \* | | | | | |  | | | | | |
| Post code \* | | |  | | Home phone \* | | | | |  | | | | | | | | | | State \* | |  | |
| Mobile phone \* | | | |  | | | | | | | | | | | | | | | | | | | |
| Age range \* - please indicate | | | | 18 - 24 | | Y/N | | | 25 - 39 | | Y/N | | 40 – 54 | | | Y/N | | 55 – 69 | Y/N | | 70+ | Y/N | |
| Information about you – select all of the relevant statements below \* | | | | | | | | | | | | | | | | | | | | | | | |
| I am a member of the NT Senior community | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| I am a carer for a Senior Territorian | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| I am a member of a professional or academic body | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
| I am a member of a key peak body representing Senior Territorians | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
| I am a member of a human service/community service/welfare organisation | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
| **I am a member of an advocacy or rights based organisation** | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
| I am an employee of a government agency (local/state/national) | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
| I am an employee of a non-government organisation | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
| I am a statutory officer (e.g. public advocate) | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
| **I identify as an Aboriginal and/or Torres Strait Islander** | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| I am a person from a non-English speaking background | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
| I identify as a member of a cultural or ethnic group | | | | | | | | | | | | | | | | | | | | | | Y/N | |
| If yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | |
| Complete all fields marked with a red asterisk \* | | | | | | | | | | | | | | | | | | | | | | | |
| Criteria 1: What knowledge do you have of the issues affecting Northern Territory Seniors? \* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Criteria 2: Please provide any qualifications and skill that you possess and wish to highlight for the role on MACST \* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Criteria 3: How would you contribute to MACST as a Community Member? \* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Include any other comments or details of other relevant experience | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| In which geographical areas have you experienced positive or negative issues affecting Senior Territorians? | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Areas of interest to you as they apply to Senior Territorians experiences\* - select what applies to you | | | | | | | | | | | | | | | | | | | | | | | |
| Ageism | | | | |  | | | Emergency | | | | | | |  | | Positive aspects of ageing | | | | | |  |
| Aged care | | | | |  | | | Families | | | | | | |  | | Regional locations | | | | | |  |
| Aboriginal communities | | | | |  | | | Financial security | | | | | | |  | | Safety and Security | | | | | |  |
| Carers | | | | |  | | | Health | | | | | | |  | | Service Planning & Delivery | | | | | |  |
| Community activities | | | | |  | | | Homelessness | | | | | | |  | | Social inclusion | | | | | |  |
| Concessions Schemes | | | | |  | | | Housing | | | | | | |  | | Volunteering | | | | | |  |
| Disability services | | | | |  | | | Mental Health | | | | | | |  | | Young people | | | | | |  |
| Elder Abuse | | | | |  | | | Multicultural communities | | | | | | |  | |  | | | | | | |
| Other, please provide details | | | | | | | |  | | | | | | | | | | | | | | | |
| Collection statement | | | | | | | | | | | | | | | | | | | | | | | |
| Department of Territory Families, Housing and Communities respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.  You have been asked to provide personal information necessary for us to consider your suitability for the Minister's Advisory Council for Senior Territorians.  The information you provide will be accessible to Territory Families, Housing and Communities only and will only be used to in relation to the Minister's Advisory Council for Senior Territorians. We will not disclose your personal information to third parties unless:   * authorised or required by law to do so, or * you have given us your consent to share your personal information for a specific purpose.   You may request access to the personal information we hold about you. To find out more read our privacy policy. If you want more information about the Northern Territory’s privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT[[1]](#footnote-1). | | | | | | | | | | | | | | | | | | | | | | | |
| Further information You can choose to send your completed form and any attachments by:   * email to [tfhc.ost@nt.gov.au](mailto:tfhc.ost@nt.gov.au) * post to Office of Senior Territorians, PO Box 37037 Winnellie NT 0821   If you need more help or have questions, you can call 8999 3961. | | | | | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | |

1. <https://infocomm.nt.gov.au/> [↑](#footnote-ref-1)