



Family and Community Services Advisory Council (FACSAC)
Expression of Interest

Name: _____ Preferred Title: _____

Address: _____

Phone Numbers: _____

Email: _____

Do you identify as Aboriginal or Torres Strait Islander? Yes No

Are you from a non-English speaking background? Yes No

Are you a person with a disability? Yes No

Please outline your key area/s of interest related to the FACSAC:

Please outline how your background, skills, knowledge or networks will assist the Council to achieve its terms of reference. Attach further information if required:

Have you had experience as a member of an advisory or task group or board?

Please outline:



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What past experience do you have that will help in your role as a member of the Advisory Council? eg. direct experience in community services, or experience gained through a family member or friend; interest in improving health and well being for a particular group in the community eg. youth, families, seniors, people with disabilities; other roles you have had representing people or participating in community affairs:

Any other comments:

Please nominate three referees:

Name: _____ Contact Number: _____
Name: _____ Contact Number: _____
Name: _____ Contact Number: _____

Please attach any other information, such as a recent resume, that you consider may be relevant in respect to your Expression of Interest.

Signed: _____ Date: ____/____/____

Completed Expressions of Interest applications should be sent to:

Mahasti Farshidi
Secretariat, FACSAC
Department of Health and Community Services
PO Box 40596
CASUARINA NT 0811