



Expression of Interest: Enable WA Board Member

Seeking a person with a lived experience of disability to join our Board.

Application Questions:

Name: (First and Last)

Phone Number:

Email:

Address:



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These questions are about the Board Position:

1. Please briefly explain your experience or background in disability

2. Why are you interested in being on the Enable WA Board?



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3. What involvement have you had with other similar organisations and committees in the human services sector?

4. Please tell us what you consider the key issues affecting people who are active participants in receipt of support and/or therapy from Enable WA.

Please send this application to: Danielle.Grahame@enablewa.org.au