

**SHIRE OF CUNDERDIN – EXPRESSION OF INTEREST**

**STAKEHOLDER WORKING GROUP – CUNDERDIN AQUATIC & COMMUNITY WELLNESS HUB**

Thank you for your interest in joining the Stakeholder Working Group. Please complete the form below and return it by **Monday, 7 April 2025, 4PM**.

**Personal Details**

**Full Name:** Click or tap here to enter text.  
**Address:** Click or tap here to enter text.  
**Mobile:** Click or tap here to enter text.   
**Email:** Click or tap here to enter text.

**Age Category:** (Please tick)  
 Under 18  
 18-30  
 31-50  
 51-65  
 66+

**Community Involvement & Pool Usage**

1. **Do you currently use the local pool?** (Please tick)  
    Yes  No
2. **If yes, how often do you use the pool?**  
    Daily  Weekly  Monthly  Occasionally
3. **What activities do you use the pool for?** (Tick all that apply)  
    Lap swimming  
    Recreational swimming  
    Swimming lessons (for family members)  
    Rehabilitation/therapy  
    Other: Click or tap here to enter text.
4. **Are you part of a young family?** (Please tick)  
    Yes  No
5. **If yes, what are the ages of your children?** Click or tap here to enter text.
6. **How often do your children use the pool?**  
    Daily  Weekly  Monthly  Occasionally
7. **Do you or a close family member have any mobility challenges or disabilities that affect pool usage?**  
    Yes  No  
   If yes, please briefly describe any accessibility needs:

Click or tap here to enter text.

**Stakeholder Working Group Interest**

1. **Why are you interested in joining the Stakeholder Working Group?** Click or tap here to enter text.
2. **What skills, experience, or perspectives do you bring that would be valuable to the group?** Click or tap here to enter text.
3. **Are you available to attend regular meetings and contribute to discussions?**  
    Yes  No
4. **We aim to accommodate working community members by scheduling some meetings after work hours or during lunch times. What times would suit you best?**  
    Morning (9 AM - 12 PM)  
    Lunch time (12 PM - 2 PM)  
    Afternoon (2 PM - 5 PM)  
    Evening (5 PM - 7 PM)  
    Other: Click or tap here to enter text.

**Declaration**

I confirm that the information provided is true and accurate. I understand the responsibilities of being part of the Stakeholder Working Group.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

📩 **Please return this form to:**

**Liezl De Beer – email: Liezl.debeer@cunderdin.wa.gov.au or by hand delivery to Shire of Cunderdin Administration Office (37 Lundy Avenue, Cunderdin). Please ensure the form are received by Monday, 7 April 2025, 4PM.**