

Accessibility Committee – Application Form

Do you want to help make Saanich Schools more accessible?

We are seeking individuals with lived and learned accessibility experience to join our Saanich Schools Accessibility Committee that will be created in support of the *Accessible BC Act*. We are also looking for members who represent the diversity of British Columbia, including those who are Indigenous.

Committee members will work together to:

- Identify, prevent, and eliminate barriers to accessibility and inclusion for people with disabilities within Saanich Schools
- Contribute to the development of an Accessibility Plan for the District
- Bring greater awareness and attention to the lived experience of those learning and working within Saanich Schools

The Committee will meet over the Spring to develop the Accessibility Plan for the District. The specific meeting dates and times will be determined based on the preferences and availability of committee members once they have been selected.

Accommodations are available if needed. See contact information below.

To apply, please fill out the following form.

To submit your application or to request additional information please contact Robyn Reid, Director of Human Resources by email at rreid@saanichschools.ca or by phone at 250-652-7314.

Accessibility Committee Application Form

| Full Name: | |
|-----------------|--|
| Email: | |
| Phone: | |
| Street Address: | |
| Postal Code: | |

| What targe | t group(s) do you represent? (Please add an 'X' beside any that apply) |
|-------------|---|
| | A person with a visible or invisible disability including physical, cognitive, perceptual, and/or mental health disabilities. |
| | A member of a disability-serving organization. Organization Name: |
| | A parent or guardian supporting someone with a disability. |
| | A person with Indigenous Ancestry. |
| | A person from another equity-deserving group. |
| Why do you | u want to be part of this committee? |
| | |
| What relate | ed skills, knowledge, or experiences do you have that may benefit this? |
| | |
| What accor | nmodations do you require, if any? |
| | |
| Date: | |

Thank you for applying. You will be contacted in the near future about your application.

This information is collected for administrative purposes under section 26 of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used and maintained for the purpose it was collected and in accordance with FIPPA.