

Diabetes SA Community Advisory Council

Expression of Interest

About the Diabetes SA Community Advisory Council

Diabetes SA is inviting people living with diabetes and those who care for or support someone with diabetes to join our newly established Diabetes SA Community Advisory Council.

The Council will play an important role in making sure that the voices of our community shape the programs, services, and advocacy work of Diabetes SA. This is your opportunity to help make a difference — not just for yourself, but for everyone living with diabetes in South Australia.

We believe the best decisions are made when they are informed by the people they affect. The Diabetes SA Community Advisory Council puts lived experience at the heart of what we do.

What is Involved?

As a Council member, you will:

- Attend four (4) meetings per year (quarterly) — held in person in Adelaide, online, or hybrid with at least two meetings per year held within business hours
- Share your experiences, ideas, and feedback on Diabetes SA programs and services
- Review documents and provide input between meetings occasionally (kept to a reasonable minimum)
- Contribute to a welcoming, respectful, and collaborative group

Terms are for two (2) years, with the option to renew for one further term.

Involvement in the Diabetes SA Community Advisory Council is a volunteer role

Who We Are Looking For

We are looking for 10 members who reflect the diversity of the South Australian diabetes community. We particularly encourage applications from:

- People living with Type 1 diabetes
- People living with Type 2 diabetes
- People living with or who have experienced gestational diabetes
- Carers, family members, or close supporters of someone with diabetes
- Young people aged 16–25 living with or affected by diabetes (youth representative role)

We strongly welcome applications from people living in regional South Australia, people from Aboriginal and Torres Strait Islander communities, and people from culturally and linguistically diverse backgrounds to ensure we have an inclusive and diverse influence on the direction and function of the organisation.

You do not need formal qualifications or previous advisory experience. Your lived experience is what matters most.

Before You Apply

Please read the Diabetes SA Community Advisory Council Terms of Reference before completing this form. If you have any questions or would like to talk to someone before applying, please contact:

Erin Burke

Executive Assistant to the CEO

Email: ea@diabetessa.com.au

Phone: 08 8354 5830

Applications close: Friday 2 July 2026

PART A — YOUR DETAILS

Full name

Preferred name (if different)

Email address

Phone number

Suburb / Town and Postcode

Are you able to attend meetings online if required?

- Yes
- No
- Depends on the circumstances

You can attend meetings approximately each quarter with at least two meetings within office hours?

- Yes
- No

PART B — YOUR CONNECTION TO DIABETES

Which of the following best describes your connection to diabetes? (please tick all that apply)

- I live with Type 1 diabetes
- I live with Type 2 diabetes
- I have experienced gestational diabetes
- I live with another form of diabetes (e.g. MODY, LADA)
- I am a carer, family member, or close supporter of someone with diabetes
- I am a young person (16–25) living with or affected by diabetes — youth representative role

If you are a carer or family member, please briefly describe your relationship (e.g. parent of a child with Type 1)

How long have you been living with or affected by diabetes?

PART C — YOUR EXPERIENCE AND CONTRIBUTION

Please answer the following questions in your own words. There are no right or wrong answers — we want to hear your genuine perspective. Each answer can be as brief or as detailed as you like.

1. What would you most like to see Diabetes SA do better or differently for people in the diabetes community?

Tell us about something that has mattered to you — big or small.

2. What experiences or perspectives would you bring to the Council that you think are important for Diabetes SA to hear?

This might include your own experience of living with diabetes, supporting someone with diabetes, or navigating the health system.

3. Is there a group or part of the diabetes community whose voice you feel is often missed or overlooked? If so, who and why?

Optional — feel free to skip if this doesn't apply to you.

4. Is there anything Diabetes SA should know to make sure you can participate fully? For example, accessibility needs, communication preferences, or support requirements.

Optional. This information helps us make sure the Council is accessible and inclusive for everyone.

5. What has led you to want to become a part of the Diabetes SA Community Advisory Council?

Describe your reason for applying

6. What skills and experience from your everyday life would benefit the group who will make up the Diabetes SA Community Advisory Council

Describe possibly your current occupation, role in sporting or cultural clubs, volunteering, or interests

PART D — DIVERSITY AND INCLUSION (OPTIONAL)

This section is entirely optional. Diabetes SA is committed to building a Council that reflects the full diversity of the South Australian diabetes community. This information helps us understand who has applied and identify any gaps in representation.

Do you identify as Aboriginal and/or Torres Strait Islander?

- Yes
- No
- Prefer not to say

Do you identify as being from a culturally or linguistically diverse background?

- Yes
- No
- Prefer not to say
- If yes, please share what cultural or linguistic background you have

Age group

- 16–25
- 26–40
- 41–60
- 61+

PART E — DECLARATION

By submitting this expression of interest, I confirm that:

- The information I have provided is accurate and complete
- I have read (or will read) the Diabetes SA Community Advisory Council Terms of Reference
- I understand this is an advisory role and does not carry decision-making authority
- I understand this is a voluntary role with honorarium paid for your time
- I am willing to commit to attending at least three meetings per year and I am aware there are at least 4 meetings a year
- I will act with respect toward fellow Council members, Diabetes SA staff, and the broader community
- I acknowledge I am required to become a financial member of Diabetes SA (if not already a member) to be a representative for the Community Advisory Council

Signature (or typed full name)

Date

Post completed application to:
Diabetes SA
159 Sir Donald Bradman Dr
Hilton, South Australia 5033