

Consumer Advisory Group Nomination Form

Home & Community Services

This form is used to make a nomination to participate in a Consumer Advisory Group. Once completed, please return the form to:

executive.support@scctas.org.au

PO Box 815, MOONAH TAS 7009

85 Creek Road, NEW TOWN TAS 7008

First Name				Surname			
Email				Phone			
Are you a Which service	□Client s(s) do you	•	esentative on you repro	esent) acce	ss:		
How long have Care?	e you (or th	ne person you	ı represent)	been acce	ssing services fr	om Southe	rn Cross
If you selected Representative:							
What is the na	me of the	client you are	e representi	ing?			
First Name				Surname			
What is your r	elationship	with the clie	ent?				
□Spouse/Partner □ Sibling □		□Chi	hild □ Grand		child/Great Grandchild		
☐ Niece/Neph	new	☐ Friend	□Ot	her			
What is your a	iddress:						
Address							
Suburb			St	ate		Postcode	

Is there any support we can offer to help you access and participate in the advisory group? For example, any vision, hearing or mobility limitations, virtual attendance (e.g., phone or video call).

provides services to, this includes people from different cultural backgrounds and people living with dementia.
Please tell us about your cultural background, indicate whether you are living with dementia (or caring for someone living with dementia) or belong to any other special interest group.
Nomination Questions (attach additional pages if required)
What do you value most about Southern Cross Care?
Southern Cross Care is committed to supporting older Tasmanians to "Feel right at home". What does this mean to you?
Describe why you would like to be a member of the Consumer Advisory Group and what you would like to see improved.

It is important that the advisory group represents the diversity of people who Southern Cross Care

By making a nomination for the Consumer Advisory Group, you confirm that:

- You have read the Consumer Advisory Group Information Sheet
- If appointed to the advisory group, you are able to meet the requirements of participation (with assistance if required) this includes reviewing documents, attending meetings and maintaining privacy and confidentiality.

We appreciate your willingness to work with Southern Cross Care in supporting quality care outcomes for everyone in our community.