

Consumer Advisory Group (CAG)- Support at Home and Therapy & Wellness Expression of Interest (Eoi)

All sections with an * are required to be completed

*Name	
*Phone	
*Email	
*Address	
*Date	

CAG members will have an interest in the services provided by Alwyndor:

***Association with Alwyndor:**

tick those that apply

- Client - Support at Home**
 Client - Therapy & Wellness
 Representative
 Does the person you represent receive home services provided by Alwyndor?
 Does the person you represent receive Therapy & Wellness services provided by Alwyndor?

Answers to be no longer than approximately 200 words per question

*** Why are you interested in joining the Advisory Group?**

Explain your motivation and reasons for wanting to join the advisory group (eg your experience as a client, carer):

***Contributions, Knowledge and Skills:**

Describe the skills, knowledge, or unique perspectives that you can bring to the advisory group:

***Commitment and Availability:**

Are you able to commit to join advisory group meetings, review any required reading material and participate in group discussions and meet confidentiality requirements?

Please refer to the Terms of Reference (ToR) for details.

Community representation

It's important that advisory groups represent the diversity of people to whom Alwyndor provide services.

This includes people from different cultural backgrounds, First Nation and Torres Strait Islander peoples, those living with a disability or dementia.

These questions, although not compulsory, provide us with important information on the diversity of our groups.

Please circle answer

What is your gender?	Female	Male	Other	Prefer not to say
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What is your age group?	under 20	20-29	30-39	40-49	50-59
			60-69	70-79	80 or over

Do you speak a language other than English at home?	No	Yes (please specify)
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Do you identify with any ethnicity?	No	Yes (please specify)
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Do you identify with any religion?	No	Yes (please specify)
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Do you have an ongoing disability?	No	Yes (please specify)
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By submitting this Expression of Interest form, I acknowledge my interest in joining the Consumer Advisory Group – Support at Home and Therapy & Wellness.

I have read the Information Sheet, Terms of Reference (ToR) and the Aged Care Code of Conduct.

I understand that dependent upon the number of applications there may be a selection process.

I certify that the information provided is accurate and complete to the best of my knowledge.

***Signature:**

***Date of submission:**

You can return this form:

- Email: Attn: Alwyndor Advisory Group – spedler@alwyndor.org.au
- In person: Reception Desk 52 Dunrobin Road Hove SA 5048
- Post: Attn: Alwyndor Advisory Group – 52 Dunrobin Road Hove SA 5048

Enquiries to Sandy Pedler at spedler@alwyndor.org.au or phone 81773200.