Southern Cross Care⁺(WA) Inc.

COMMUNITY ADVISORY COMMITTEE (CAC)

Nomination Form

This form is to be used to nominate as a member of the Community Advisory Committee (CAC).

Surname:		Given Name:			
Address:					
Email Address:					
Contact Phone No:	(m) (h)				
Occupation:					
Services: (circle)	Home Care Mental Health	Residential Care NDIS	Retirement Affordable	-	
Your Relationship: (circle)	Client	Resident	Carer	Family	
Meeting Attendance: (circle)	In person	Online	Phone		
Transport needed:	Yes/No	es/No Translator needed: Yes/No			
Primary Language:					
Other Language(s) spoken:					

1. Please describe your lived experiences with services and accommodation at Southern Cross Care (WA):

2. Why you are interested in being a member of the Community Advisory Committee (CAC) at Southern Cross Care (WA)?:

3. Please describe what you would like to achieve as a member of the Community Advisory Committee (CAC) at SCC(WA):

You are also invited to attach your resume, or any other relevant documentation you may wish to include with your expression of interest. Please limit your attachments to four pages maximum.

Thank you for your interest in Southern Cross Care (WA) Inc.

Please return your completed Nomination Form by email to Tracey King, Head of Client Experience – <u>tking@scrosswa.org.au</u> or by mail to:

Head of Client Experience Reply Paid 76 Burswood WA 6100