

## **CHAIRPERSON OF THE CONSUMER ADVISORY COMMITTEE (CAC) Nomination Form**

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

Surname:		Given Name:					
Address:							
Email Address	s:						
Contact Phone No:							
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Services: (circle)		Respite Centre Mental Health	Residential Care NDIS	Retirement Affordable	•		
Your Relationship: (circle)		Client	Resident	Carer	Family		
Transport needed:		No	Translator needed: No				
Primary Lange	uage:						
Other Language(s) spoken:							
REFERREES							
INCI LININELO							
Please provide details of two referees who are willing to support your application:							
Full name:							
Occupation:							
Phone:							
Email:							
Relationship							
to applicant:							
Full name:							
Occupation:							
Phone:							
Email:							
Relationship							
to applicant:							



## **SELECTION CRITERIA**

Prospective members will be assessed according to the extent that they meet the criteria:

- 1. Preference will be given to consumers who can contribute knowledge and expertise of SCC(WA) care and services based on lived experiences.
- 2. The individual will have experience or exposure to chairing meetings, facilitating discussions and decision making, leadership, and collaborating with multidisciplinary stakeholders.
- 3. Interact with staff and consumers and discuss issues to bring a consumer voice to service design discussions.
- 4. Reflect on and present community issues rather than focusing on personal concerns or individual issues.
- 5. Experience in organisational governance systems, committees or volunteering in aged or community care would be an advantage.
- 6. The Chair is appointed to the CAC as an individual with experience of SCC(WA) services and not as a representative of any organisation.

<ol> <li>Briefly describe your employment and experience as it relates to the selection criteria:</li> </ol>
2. Briefly describe your skills, qualifications or training as they relate to the selection criteria:

2Information contained in this form will remain confidential and be retained in line with our privacy policy.



3. Why you are interested in being the Chair of the Community Advisory Committee (CAC) at Southern Cross Care (WA)?:					
4. Pleas South	e describe your lived experiences with services and accommodation at nern Cross Care (WA):				



5. Please provide details of any previous board or committee, or managing or	us experience you may have had chairing a leading a team:
6. Please describe what you would like Advisory Committee (CAC) at SCC(W	to achieve as a member of the Community A):
Signature	Date

You are invited to attach your resume. Please limit your attachments to two 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 – <a href="mailto:tking@scrosswa.org.au">tking@scrosswa.org.au</a> or by mail to:

Head of Client Experience Reply Paid 76 Burswood WA 6100