Southern Cross Care WA

SCCWA 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 Living** **Affordable Housing**	
Your Relationship: (circle)	**Client**	**Resident**	**Carer**	**Family**
Meeting Attendance: (circle)	**In person**	**Online**	**Phone**	
Transport needed:	**Yes/No**	**Translator needed:**	**Yes/No**	

Primary Language: _____

Other Language(s) spoken: _____

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

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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 SCCWA:

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.

Please return your completed Nomination Form by email to Marketing – marketing@scrosswa.org.au or by mail to:

Head of Client Experience
Reply Paid 76
Burswood WA 6100