### **National Panel of Palliative Care Consumer and Carer Representatives**

New Member Application

### Contact Details

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| Name: |
| Email: |
| Number: |
| Preferred method of contact (circle one): Email Phone Call |
| Emergency contact name:  | Relation: |
| Phone number:  |

\*Personal details provided will be kept secure and confidential – it will not be shared without your permission and will be maintained in accordance with our privacy policy published on our website. The emergency contact person listed will only be contacted if repeated contact cannot be made directly with the panel member or in case of a medical emergency.

Personal details for reporting purposes (all information will be de-identified)

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| Do you identify as Aboriginal or Torres Strait Islander? Yes or No |
| Age at last birthday? |
| What country were you born in? |
| Is English your first language?  |

### Experience and Skillset Questionnaire

What appeals to you about being a national consumer / carer representative or leader? Please detail your reasons for applying for the National Panel. (250 word limit)

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Please provide details of your palliative care consumer / carer representative experience past or present. (250 word limit)

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Place a check mark in any of the boxes below that accurately describe your skills, qualities or other experiences with palliative care.

* Caring experience as a family member
* Caring experience as a paid worker
* Receiving palliative care
* Paediatric palliative care
* Aged care
* Cancer
* Non-cancer life limiting illness (COPD, dementia, heart failure)
* Young carer
* At-home palliative care
* Counselling and grief support (recipient, participant, professional)
* Palliative care volunteering
* Representative of palliative care consumer or carer (panel or committee participant)
* Other: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outside of your personal experience with palliative care, do you have any formal or informal connections with other consumers or carers within the palliative care sector? (250 word limit)

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How do you maintain and continue to develop your knowledge, skills and awareness of current trends and issues in the sector? This could include any training, attendance at conferences, volunteer work or other development activities. (100 word limit)

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**Please send completed application forms to:**

Palliative Care Australia

PCA@palliativecare.org.au

\*If possible, please submit a letter of support from a palliative care service or consumer / carer organisation along with this completed application.