### **National Register of Palliative Care Consumers and Carers**

### Organisation Application Form

### CONTACT DETAILS

|  |
| --- |
| Organisation Name: |
| Primary Contact Person (Name and Position): |
| Email: |
| Number: |
| Secondary Contact Person (Name and Position): |
| Email: |
| Number: |

Provide a description of the project, committee or panel for which you are requesting the involvement of a Palliative Care Consumer and Carer Representative.

*Please include project objectives, outcomes sought and a timeline for the project*

|  |
| --- |
|  |

\**Please attach any background documents and/or terms of reference.*

What is expected of the Consumer and Carer Representative/s? Please include activities, travel, and estimated amount of dedicated working hours.

|  |
| --- |
|  |

Have you identified a specific Palliative Care Consumer Representative from the National Register whom you wish to engage?

*Please include how many Consumer Representatives are requested and the names of any Consumer Representatives you wish PCA to approach with this opportunity.*

|  |
| --- |
|  |

Are there any specific skills or experience required?

|  |
| --- |
|  |

Please provide details regarding remuneration and reimbursement for sitting fees, travel, accommodation etc. You may refer to the PCA Consumer Remuneration Policy for guidance.

|  |
| --- |
|  |

Please provide details regarding how the involvement of a Palliative Care Consumer and Carer Representative will benefit or inform your project? Will the outcomes of this project be shared with PCA and publicly? Will involvement of the Consumer and Carer Representative be advertised or made public?

|  |
| --- |
|  |

\*Please note that Consumer and Carer Representatives represent their own views not those of PCA.

**Please send completed reporting form to:**

Palliative Care Australia

02 6232 0700

projects@palliativecare.org.au