

This form is used to make a nomination for Resthaven’s Consumer Advisory Body. For assistance with the nomination process (including help to complete this form) please email [servicedevelopment@resthaven.asn.au](mailto:servicedevelopment@resthaven.asn.au) or call **8373 9065**.

<b>Nominee details</b>	First Name	Last Name	
<b>Contact details</b>	Email	Phone	Mobile
<b>Preferred contact method</b>	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Other .....		
<b>Your age group</b>	<input type="checkbox"/> 18-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> 66-80 <input type="checkbox"/> 81-90 <input type="checkbox"/> 90+ years		
<b>Country of origin</b>			
<b>Preferred Language/s</b>	<i>(other than English)</i>		
<b>Gender Identity</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <i>(optional)</i>		
<b>Who do you represent? (please mark the box(es) that best describes you)</b>	<input type="checkbox"/> I am currently living in a Resthaven Residential Aged Care Home <input type="checkbox"/> I am currently receiving Resthaven Community Services <input type="checkbox"/> I am a carer of a Resthaven resident/client <input type="checkbox"/> I am a family member of a Resthaven resident/client <input type="checkbox"/> I am a representative of a Resthaven resident/client <input type="checkbox"/> Other .....		
<b>Representative only</b>	<i>(Insert name of Resthaven client and/or resident representing)</i>		
<b>Your Resthaven service location</b>			

**Please indicate any groups that you, or the person you represent, may identify with below (select all that apply):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> People from Aboriginal and Torres Strait Islander communities<br><br><input type="checkbox"/> People from culturally and linguistically diverse backgrounds | <input type="checkbox"/> Lesbian, gay, bisexual, transgender, intersex, queer/questioning and asexual people (LGBTIQ+A)<br><br><input type="checkbox"/> People who are financially or socially disadvantaged<br><br><input type="checkbox"/> People who live in rural, remote or very remote areas | <input type="checkbox"/> Veterans<br><br><input type="checkbox"/> People who are homeless or at risk of becoming homeless<br><br><input type="checkbox"/> Care-leavers (who lived in institutional care or other forms of out-of-home care)<br><br><input type="checkbox"/> Parents separated from their children by forced adoption or removal. |
|--|--|--|

**Please tell us any other information you would like to share**

## Nomination Questions

Please indicate the level of knowledge you feel you have of the aged care sector:

None    Basic    Average    Good    Excellent

Describe why you are interested in becoming a member of the Consumer Advisory Body:

Share your ideas on improvements or topics you would like to explore within this group:

Please highlight any relevant experience or skills that you believe would make you a strong candidate (i.e. other committee/group roles, volunteering or past work):

By making a nomination for the Consumer Advisory Body you confirm that you have read the Consumer Advisory Body Terms of Reference and Frequently Asked Questions (FAQ).

**We look forward to working with our Consumer Advisory Body in supporting quality care outcomes for our community. Thank you for your nomination.**

Please return your completed form in the Reply paid envelope, email to: [servicedevelopment@resthaven.asn.au](mailto:servicedevelopment@resthaven.asn.au) or return to Reception at your site.