

Complete this form to nominate for Resthaven’s Consumer Advisory Body (CAB).
For assistance with the nomination process (including help to complete this form),
please email: cab@resthaven.asn.au or call **8373 9065**.

Nominee details	First Name		Last Name	
Contact details	Email	Phone	Mobile	
Address				
Preferred contact method	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Other:			
Your age group	<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			
Country of origin				
Preferred Language/s	<i>(other than English)</i>			
Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <i>(optional)</i>			
Who do you represent? <i>(Please mark the box(es) that best describes you)</i>	<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			
Representative only	<i>(Insert name of Resthaven client and/or resident representing)</i>			
Your Resthaven service location				

Please select any identities or communities you or your representative belongs to:

- | | | |
|---|---|--|
| <input type="checkbox"/> Aboriginal and Torres Strait Islander peoples | <input type="checkbox"/> Financially or socially disadvantaged | <input type="checkbox"/> Care-leavers (who lived in institutional care or other forms of out-of-home care) |
| <input type="checkbox"/> Culturally and linguistically diverse backgrounds | <input type="checkbox"/> Live in rural, remote or very remote areas | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender and intersex (LGBTIQ+) | <input type="checkbox"/> Veterans | |
| | <input type="checkbox"/> Experience of homelessness or at risk of becoming homeless | |

Do you require any support to participate in the CAB? (eg. vision, hearing, mobility, etc)

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: cab@resthaven.asn.au or return to Reception at your Resthaven site.

Alternatively, scan this QR code to complete the form online >>>

