Expression of Interest Form

Consumers Advisory Body – Family Based Care Tasmania

Thank you for your interest in joining the Consumers Advisory Body. This group plays a vital role in shaping Aged Care services by sharing lived experiences, insights, and feedback. Please complete the form below.

Personal Details

- Full Name: _____
- Preferred Name (if different): _____
- Date of Birth: ____ / ____ / _____
- Gender Identity: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say ☐ Other: _____
- Cultural Background: _____
- Aboriginal or Torres Strait Islander origin:
  ☐ Yes ☐ No ☐ Prefer not to say

Contact Information

- Residential Address: _____
- Phone Number: _____
- Email Address: _____
- Preferred Contact Method: ☐ Phone ☐ Email ☐ Mail

Aged Care Experience

- Are you currently receiving aged care services?
  ☐ Yes ☐ No
  If yes, please specify:
  ☐ Home Care ☐ Residential Care ☐ Respite Care ☐ Other: _____
- Have you previously received aged care services?
  ☐ Yes ☐ No
- Are you a carer or family member of someone receiving aged care?
  ☐ Yes ☐ No

Accessibility & Support Needs

- Do you require any support to participate (e.g., mobility assistance, interpreter, hearing aid support)?
  ☐ Yes ☐ No
  If yes, please specify: _____

Declaration

I confirm that the information provided is accurate and I am interested in participating in the Consumers Advisory Body.

Signature: _____ **Date:** ____ / ____ / _____