



# Caring Hands Advisory Group

## Expression of Interest

Please register your details if you would like to participate as a member of our Caring Hands Advisory Group.

Name: ..... Email: .....

Address: ..... Postcode: .....

Home phone: ..... Mobile phone: .....

### How would you like to be contacted?

Email     Post     Telephone    Other .....

### Please tick the box that best applies to you

I am currently receiving aged care services at home     I am a family member of the person receiving care     I am a carer, support person or close family friend of a person receiving care

If you are a family member, carer, support person or close family friend, please provide the details of the person you care for that receives Southcare's services:

Name: .....

Address: ..... Postcode: .....

Southcare service:

Commonwealth Home Support Programme     Home Care Package     Private customer

Primary language: .....

### Accessibility support for meetings

I need an interpreter     I need Auslan     I need transport support     I need wheelchair/mobility support

Other , please advise:

.....  
.....

(Please add extra page if necessary)

# Tell us a bit more about you...

We are aiming to include a broad representation of the people we care for and a balance of experience, opinions and diverse backgrounds.

The following questions are designed to tell us more about you and your interest in joining our Caring Hands Advisory Group.

Please describe your lived experience

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Please share why you are interested in joining our Caring Hands Advisory Group and what you hope to contribute

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Where to send your completed form (closing date is 30 November 2023)

Please return this form to:

Southcare Caring Hands Advisory Group  
53 Bickley Crescent  
MANNING WA 6152

OR

Scan and email to A/Manager  
Community Home Support  
shila.s@southcare.org.au

Thank you for your interest in joining our Caring Hands Advisory Group.  
Successful applicants will be notified by January 2024.