

West Division Carer Advisory Group – Term 4

Expression of Interest Application Form

SECTION 1: PERSONAL DETAILS

(Tick box or use a x)

Are you re-nominating as a current Carer Advisory Group member? Yes / No

Are you nominating as a Foster carer Kinship carer

Brief description of the types of care you provide (eg, long term, short term, respite, adolescents, sibling groups, other please specify)

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Title: Mr / Miss / Mrs / Ms (please circle)

Name

Address

Postal Address (if different)

Email:

Telephone (Home)..... (Mobile).....

How long have you been a carer? (new carer and long term carers are both encouraged)

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Name of Agency or DHHS office you are supported by

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Division (Please tick your Department of Health and Human Services Division if known)

North Division East Division South Division West Division

Have you been a member of a Carer Advisory Group in the past? Yes No

If so, which Carer Advisory Group were you a member and for how long

Do you identify as Aboriginal or Torres Strait Islander? Yes No

Are you from a culturally or linguistically diverse background? Yes No

SECTION 2: RELEVANT KNOWLEDGE AND EXPERIENCE

1. What relevant skills knowledge and experience do you think you bring to the Carer Advisory Group and how do you think you can contribute to systems improvements given your experience and interest?

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2. What do you think are some of the major challenges facing foster carers and kinship carers in Victoria?

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Note: You may attach an A4 one-page support statement to address the above.

SECTION 3: CURRENT CASE MANAGER DETAILS

Please provide name and contact details of your current case manager. This person will be contacted regarding your application.

Name of your Agency or DHHS Office.....

Name/title of Case Manager.....

Telephone number.....

Email.....

SECTION 4: STATEMENT/AGREEMENT

In expressing my interest in becoming a member of the West Division Carer Advisory Group

- I understand that being part of this group will require me to attend and contribute constructively to quarterly meetings, forums and other possible associated activities.
- I agree to work cooperatively with other members of the Carer Advisory Group and treat other members with courtesy and respect.

Name: _____

Signature: _____

Date: _____

SECTION 5: SUBMIT YOUR APPLICATION

1. Ensure you have provided all required details in your application and email your completed application form to the relevant contact:
 - a) West Division, Sandie Mitchell, Child and Family Strategy, Office of the Deputy Secretary: 0408 035 800; email: sandie.mitchell@dhhs.vic.gov.au;

Please note:

- *West Division Carer Advisory Group Term Four – Expressions of Interest will close on 6 November 2020*
- *If there are a greater number of carers interested in participating in the Carer Advisory Groups than there are places, applications will be considered by the division.*