## Consumer Advisory Committees

## **Expression of Interest Form**



Thank you for expressing interest in joining one of VMCH's Consumer Advisory Committees. Our goal is to create a diverse membership by selecting members from various backgrounds and across different services. Your feedback will play a crucial role in enhancing our services.

To get started, please review the Committee's Terms of Reference and FAQs available on our website. <a href="https://vmch.com.au/get-involved/vmch-consumer-advisory-committee/">https://vmch.com.au/get-involved/vmch-consumer-advisory-committee/</a>

If you have any questions, feel free to reach out to your Residential Services Manager or Care Manager. You can also contact VMCH by emailing us at <a href="mailto:cosec@vmch.com.au">cosec@vmch.com.au</a>.

1. Your details						
Title:						
First name:						
Surname:						
Email address:						
Phone number:						
Preferred method of contact:	Email	Phone	Letter	Through my Residential Services / Care Manager		
Name of Residential Services Manager / Care Manager:						

**Privacy:** VMCH collects, uses and discloses personal information in accordance with its privacy policy and all applicable laws. For information about VMCH and how it manages your personal information, please refer to our privacy policy, which is available on our website.

2. Your services							
Are you:							
A resident at a VM	nt at a VMCH Aged Care Residence						
Name of VMCH Aged Care Residence:							
A client of VMCH's	At-Home Ageo	d Care services					
Type of service (e.g. CHSP, HCP):							
A relative or representative of a VMCH resident or client							
Relationship to VMCH resident or client:							
Aged Care Residence name or type of At-Home Aged Care Service:							
3. About you							
Gender:	Male	Female	Other	Prefer not to say			
Cultural background:							

**Privacy:** VMCH collects, uses and discloses personal information in accordance with its privacy policy and all applicable laws. For information about VMCH and how it manages your personal information, please refer to our privacy policy, which is available on our website.



Why are you interested in becoming a member of a VMCH Consumer Advisory Committee?
What skills, experience or background will help you participate in discussions at Committee meetings?
Do you have access to a computer and the internet?
Would you prefer to attend the Committee meetings online, or in person in East Melbourne VIC?  Online In person
The Committee meetings will be held in English. Will you need an interpreter to participate in Committee meetings? If so, what language interpreter would you require?

## **Completed forms**

Please send completed forms to <a href="mailto:cosec@vmch.com.au">cosec@vmch.com.au</a>, or give the hard copy back to your Residential Services Manager or Care Manager who can email the forms back to us on your behalf.

Thank you again for your interest.

**Privacy:** VMCH collects, uses and discloses personal information in accordance with its privacy policy and all applicable laws. For information about VMCH and how it manages your personal information, please refer to our privacy policy, which is available on our website.

