

Carer Advisory Groups

Expression of Interest Application Form

SECTION 1: PERSONAL DETAILS

(Tick box)

Are you re-nominating as a current Carer Advisory Group member? If so, add only relevant additional information before going to Section 4.

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)

.....
Name of Agency or DHHS office you are supported by.....
.....

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

North

East

South

West

Have you been a member of a Carer Advisory Group in the past? Yes

No

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 could 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 and what are some possible solutions to these challenges?

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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 in regard to your application.

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

Name/title of Case Manager.....

Telephone number.....

Email.....

***Information provided in this application will be used for the purpose of appointing Carer Advisory Group membership only.**

SECTION 4: STATEMENT/AGREEMENT

In expressing my interest in becoming a member of the 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 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 send your completed application form via either
2. Email or mail to your Divisional CAG representative at Department of Health and Human Services:
 - a North:** Noel Buckley, noel.buckley@dhhs.vic.gov.au, 145 Smith St, Fitzroy, 3065
 - b South:** Michelle McElroy, Michele.McElroy@dhhs.vic.gov.au, 150 York St, Sale, 3850
 - c East:** Ashley Malpass, ashley.malpass@dhhs.vic.gov.au, 55 Hovell St, Wodonga, 3690
 - d West:** Jo Tomlins, jo.tomlins@dhhs.vic.gov.au, 71 Moreland St, Footscray, 3011