

CONSUMER ADVISORY COMMITTEE NOMINATION FORM



Please describe what you would like to achieve as a member of the Seasons Consumer Advisory Committee:

If you are successful in becoming a member of the Seasons Consumer Advisory Committee, what capacity / role do you wish to nominate for:

- Chairperson and/or Co-Chairperson
 - Plan Committee Meetings
 - Chair meetings
 - Oversee and manage Committee activities
- Secretary
 - Prepare and distribute meeting minutes.
 - Manage other Committee related documents
- General member
 - Attends meetings and provides feedback and input on topics as required

Declaration

I understand that should I be successful, the role of a member of the Consumer Advisory Committee requires me to:

- Participate in discussions with Seasons Governing body including members of the Quality Care Advisory Committee and articulate the potential issues that confront residents, families and carers who receive services from Seasons whilst also embracing a broader view.
- Be able to listen to differing opinions and work constructively with fellow committee members, staff and management with a focus on continuous improvement.
- Abide by Seasons' Privacy and Confidentiality policy
- Be able to attend three meetings a year
- Actively participate in meetings or any additional activities arising from the work of the Committee
- Contribute specialist knowledge and expertise by providing consumer, carer and community perspectives.
- Reflect on and present community issues at a strategic level, rather than focusing on personal concerns or individual issues.
- Provide advice on how to improve the service form a consumer perspective.

Full Name: _____

Signature: _____ Date: ____/____/____

If you have any questions or would like further information, please call Shannon Phillips (Executive Manager Care) on 1300 732 766 or email governance@seasonsliving.com.au