## **Consumer Advisory Body**

## **Expression of Interest form**



This form will ask you for information about your interest in participating in the Anglicare Southern Queensland's (ASQ) Consumer Advisory Body for aged care. It will also ask for some information about you.

Please read the Information Sheet before completing this form. It will take about 10 minutes to complete.

Full name:
Address:
Suburb: Postcode:
Email: Phone:
How would you like to be contacted?   Email (preferred)   Post
Please mark the box below to indicate you have read the Information Sheet and understand how your information will be used:
☐ I have read and understand the Information Sheet
Please mark the box below that best describes you:
I am currently living in an ASQ residential aged care facility.
☐ I am receiving ASQ aged care services at home or in the community.
I am a carer, support person, or close family member of a person who currently receives ASQ aged care services
Name of person receiving ASQ services:
Postcode where the ASQ service is received:
We are aiming to include people from diverse backgrounds. While it is not mandatory, if you feel comfortable please let us know if you identify as:
☐ LGBTQIA+ ☐ Live in a rural or remote area ☐ Living with dementia ☐ Veteran ☐ NDIS recipient
Living with disability Care Leaver (a person who spent time in care as a child under the age of 18)
☐ Young person with caring responsibilities
Please tell us about any aged care topics that are of particular interest to you

Thank you for taking the time to complete this form. We will send you more information soon.

How to submit your form

Email Post

Email cab@anglicaresq.org.au

Anglicare Southern Queensland, Consumer Advisory Body,

PO Box 10556, Brisbane Adelaide Street QLD 4000