

# Consumer Advisory Body

## Expression of interest form



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 understood the Information Sheet

**Please mark the box below that best describes you:**

I am currently **living in an ASQ aged care facility.**

I am the carer, support person or close family member of a person currently living in an ASQ aged care facility.

Name of ASQ Resident (if applicable): \_\_\_\_\_

ASQ Residential Home: \_\_\_\_\_

I am currently **receiving ASQ services at home or in the community.**

I am the carer, support person or close family member of a person currently receiving ASQ services at home or in the community.

Name of ASQ Client (if applicable): \_\_\_\_\_

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:**

Male  Female  Aboriginal or Torres Strait Islander

Culturally and linguistically diverse background  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 (please note, this does not mean we will only ask you about these topics):**

\_\_\_\_\_

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

**How to submit your form**

**Email** [cab@anglicaresq.org.au](mailto:cab@anglicaresq.org.au)

**Post** Anglicare Southern Queensland, Consumer Advisory Body,  
PO Box 10556, Brisbane Adelaide Street QLD 4000