Community Care

Caring Hands Advisory Group
Expression of Interest

Please register your details if you would like to participate as a member of our Caring Hands Advisory Group.

Name: ..... Email: .....

Address: ..... Postcode: .....

Home phone: ..... Mobile phone: .....

How would you like to be contacted?

☐ Email ☐ Post ☐ Telephone Other .....

Please tick the box that best applies to you

☐ I am currently receiving aged care services at home

☐ I am a family member of the person receiving care

☐ I am a carer, support person or close family friend of a person receiving care

If you are a family member, carer, support person or close family friend, please provide the details of the person you care for that receives Southcare's services:

Name: .....

Address: ..... Postcode: .....

Southcare service:

☐ Commonwealth Home Support Program ☐ Support at Home ☐ Private participant

Primary language: .....

Accessibility support for meetings

☐ I need an interpreter ☐ I need Auslan ☐ I need transport support ☐ I need wheelchair/mobility support

☐ Other , please advise:

(Please add extra page if necessary)

Tell us a bit more about you...

We are aiming to include a broad representation of the people we care for and a balance of experience, opinions and diverse backgrounds.

The following questions are designed to tell us more about you and your interest in joining our Caring Hands Advisory Group.

Please describe your lived experience

Please share why you are interested in joining our Caring Hands Advisory Group and what you hope to contribute

Where to send your completed form

Please return this form to:

Southcare Caring Hands Advisory Group
53 Bickley Crescent
MANNING WA 6152

OR

Scan and email to
Kathleen Sutherland
Executive Manager,
Integrated Care Services
kathleen.s@southcare.org.au

Thank you for your interest in joining our Caring Hands Advisory Group.