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| --- | --- |
|  | **DETAILS** |
| **Name** |  |
| **Cancer experience** | Patient  Carer  Family member  Friend  Other, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Preferred email** |  |
| **Contact phone** |  |
| **Location (State)** |  |
| **Gender** | Male  Female  Non-binary/gender diverse  Self-described  Prefer not to say |
| **Do you identify as Aboriginal and/or Torres Strait Islander?** | Yes  No  Prefer not to say  Further details (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Tick all that apply (optional)** | Migrant or refugee background  Regionally based  Person with a Disability  LBGTIQ+  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Are there any supports that would assist your membership of this group (e.g., screen reader)?** | Yes  No  Prefer not to say  Further details (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Interest in nominating for Patient Advisory Committee Chair role.**  Please refer to PAC Chair Position Description to decide suitability. | Yes  No  Possibly |
| **Please include a short statement (max. 300 words) as to why you are interested in joining the Patient Advisory Committee:** | |
| **Please include a short statement (max. 300 words) describing which relevant skills and experience you would bring to the Patient Advisory Committee:**  Please refer to the Key Selection Criteria in the PAC Member Position Description. | |
| **If selected yes/possibly for Chair role, please include a short statement (max. 300 words) as to why you will be best suited to this role?** Please refer to the Key Selection Criteria in the PAC Chair Position Description. | |

Please note that all members will be offered remuneration for their time on the Patient Advisory Committee. Remuneration will be offered in accordance with the VCCC Alliance Accounting and Financial Management Policy and related procedures:

<https://vcccalliance.org.au/about-us/consumer-engagement/resources/pages/consumer-remuneration/>

If you would like to discuss this expression of interest form, or you would like to receive these documents in a more accessible format, please contact the Patient Partnership Lead, Dr Tilini Gunatillake: [Gunatillake.t@unimelb.edu.au](mailto:Gunatillake.t@unimelb.edu.au)