VCCC Alliance
Overcoming cancer together

CONSUMER REMUNERATION FORM

Consumer Name:

Program	Activity	Date	Engagement Level	Hours	Program Manager	PM Sign off	Accept Payment*	Amount	Project Code
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
							TOTAL	-	

*Consumers may prefer not to receive payment for an activity. This option is acknowledge and record the right to choose.

SAMPLE

Consumer Signature:

Date:

Reimbursement bank details (if not previously provided)

Account Name:

BSB:

Account Number:

Definitions

CETAC: Cancer Education & Training Advisory Committee

CCAC: Cancer Consumer Advisory Committee

CRAC: Cancer Research Advisory Committee

VCCN: Victorian COVID-19 Cancer Network

Activity	<4 hours	>4 hours
Consumer-led	$117.00	$234.00
Partnership	$101.00	$202.00

Activity	Per hour
Involving	$50.00
Consulting	$40.00