

CONSUMER REMUNERATION FORM

Insert name

Consumer Name:

Select program and activity from list

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

Check that amount can be seen. If not, correct other columns until it appears

Record your right to choose payment or not

Select <4 or >4hours for *Consumer-led* and *Partnership*

Insert signature or print and sign.

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

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

Select number of hours for *Involving* and *Consulting*