**CONSUMER REMUNERATION**

Refer to Consumer Engagement Model for level of participation

Initial of Program Manager associated with activity

Indicate whether you want to accept or decline payment

**CONSUMER NAME:** *Write name here*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program and activity** | **Date**  | **Level of Engagement****(Consulting, Involving, Partnership, Consumer-led)** | **Hours** | **Program Manager****initial** | **VCCC sign (post-)** | **Accept payment\*****(Y/N)** | **Amount** | **Code** (office use only) |
| *Name of event* | *xx/xx/xx* | *Involving*  | *Total time to speak and preparation* | *PM initial* |  | *Y* | *Calculate at $50 per hour* |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL (incl additional pages if applicable)** |  |  |

Consumer \_\_\_\_\_\_*Sign here*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_*add date* \_\_\_\_\_\_\_

VCCC staff member signs after request
completed

 Signature

Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The VCCC cost model explains how much you are due based on the activity undertaken. Add up the total.

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial approver signs when staff signatures completed

 Print

**Reimbursement bank details (if not previously provided):**

Account Name: *Add your bank account name and details*

BSB: Account No.:

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