**CONSUMER REMUNERATION

CONSUMER NAME:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program and activity** | **Date**  | **Level of Engagement****(Consulting, Involving, Partnership, Consumer-led)** | **Hours** | **VCCC sign** **(pre-)** | **VCCC sign (post-)** | **Accept payment\*****(Y/N)** | **Amount** | **Code** (office use only) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL (incl additional pages if applicable)** |  |  |

Consumer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

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

 Signature

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

 Print

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

Account Name:

BSB: Account No.:

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program and activity** | **Date**  | **Level of Engagement****(Consulting, Involving, Partnership, Consumer-led)** | **Hours** | **VCCC sign** **(pre-)** | **VCCC sign (post-)** | **Accept payment\*****(Y/N)** | **Amount** | **Code** (office use only) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **TOTAL (incl additional pages if applicable)** |  |  |

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