**Request for consumer participation form**

*Insert your logo here*

|  |  |
| --- | --- |
| **Contact details** |  |
| Name |  |
| Position |  |
| Program/Organisation |  |
| Phone |  |
| Email |  |
| **Details of request and activity** |  |
| There are a range of opportunities for consumers to engage in projects. Which of the levels are you seeking to access?  (Tick all that apply) | Partnership\*  Involving  Consulting  \*Please note that for committee roles, it is best practice to appoint at least two consumers |
| What is the name of the project/initiative? |  |
| Why are you seeking consumers for this project? |  |
| When do you require the assistance of consumers? | Start date:  End date: |
| Where will this activity be held? (list all venues that apply) |  |
| How will this activity contribute to advancement of cancer education, research and/or clinical care? |  |
| Who are the key stakeholders (individuals and organisations) involved in this project/activity? |  |
| What are the skills or qualities you are looking for from the consumers you hope to engage?  (E.g. specific age group, cancer type, cultural background, areas of interest) |  |
| How will multiple applications be considered and selected? |  |
| How will you communicate with the consumers who become involved? |  |
| Will meeting options be provided to enable consumer participation out of usual business hours as relevant to their individual circumstances? | Yes  No  Please comment on your response: |
| On average, how many hours will the consumers be required? Please consider meetings, other commitments as well as reading and preparation time. |  |
| Consumers are volunteers and financial concerns may influence their ability to participate. It is considered best practice for consumers to receive financial recognition for their contribution. Please indicate that funds are available. |  |
| **Privacy and confidentiality provisions** |  |
| The privacy of VCCC consumers is critically important. The treatment of all information captured through their engagement is to be treated with the utmost sensitivity and to the highest standards of ethical practice. Please specify consent processes, ethics approval or codes of conduct that apply in relation to this request. |  |
| **Evaluation of consumer engagement** |  |
| To evaluate and improve practice, VCCC captures feedback on consumer engagement. Please indicate whether you are interested in being contacted for the purposes of evaluation and/or research? Provide details if another person is to be involved for feedback. | Yes  No  Details: |