



## Consumer Advisory Committee Application Form

Thank you for your interest in joining the Consumer Advisory Committee! Please fill in your details and email your completed form to: [communications@muscha.org](mailto:communications@muscha.org).

There is no specific due date for your application – we are always interested to hear from consumers who are interested in joining the CAC.

If you have any questions about the CAC – please contact us using the above email or phone us on 1800 263 265.

*Please note: Any information you provide in this application form will be kept strictly confidential and will be stored in a secure file. Your personal information will be used by the relevant MHA staff for the purpose of determining whether your skills and experience are a good match for membership of the MHA CAC. Your personal information will not be disclosed to third parties, except where required by law.*

Name	
Address	
Contact number:	
Email:	

Referee details (personal or professional referee to provide further information on your application if required)

Referee name	
Relationship to you:	
Contact number:	
Email:	

Why would you like to become a CAC member?

What skills and knowledge do you have that would help you in this role?

Please provide a work example (paid or voluntary) from the 1-2 years that demonstrates your knowledge and understanding of representing the views of community members and or/health consumers. Note: It is not critical to have such experience

Please list any committees, community associations, community interest groups or local recreation or support groups in which you are **currently** involved:



Please provide us with any other information which may support your application:

End of form

