

Carer Representative Nomination Form

Title		Family Name		Given Name	
Postal Address					
Telephone				Fax	
Email				Mobile	
Who do you care for?					

I am interested in nominating for the
because ...

The skills and experience I bring to this committee are ...

Please read, tick & sign:

- I have received, and agree to abide by, the Mental Health Carers Voice Code of Conduct.
- I agree to follow all requirements for being a carer representative of the Mental Health Carers Voice program, including reporting and feedback requirements.
- I understand that I may be removed from my carer representative position if I do not follow these requirements.
- I authorise Carers ACT to provide my contact details to the contact person for the group, if appointed.

Signature

Date

