



Grandcarers SA Advisory Group Application Form

Please complete the form below (both sides) and return by email to: ceo@grandcarers.au, or post to; CEO, Grandcarers SA, c/o Uniting Communities, 43 Franklin Street, ADELAIDE 5000

Purpose and Objective of the Advisory Group

The Advisory Group is established to provide lived experience and sector expertise to support the strategic and operational objectives of Grandcarers SA.

The Group's objective is to provide relevant and appropriate information, guidance and advice to the CEO, to help direct the enhancement, relevance and/or direction of Grandcarers SA support services.

Personal Details	
<i>Please circle as appropriate where options are provided</i>	
I am a registered client of Grandcarers SA:	Yes No Unsure
Family name:	Title:
First & middle names:	
Preferred name:	
Home address street name/number	
Suburb:	Postcode:
Mobile:	Other contact number:
Email:	
Gender:	Male Female Non Binary Rather not say
Other (please identify)	
Emergency Contact	
Name of contact:	
Relationship to applicant:	
Mobile:	Other contact number:
Mobile:	Other contact number:

Background information

1. What are your reasons for seeking to participate in the Grandcarers SA Advisory Group?

2. Briefly describe your experience in participating in advisory or community meetings?

3. Briefly describe your experience/background within the child protection and/or carers sector

4. Are you able to attend meetings at the Grandcarers SA office, 30 Pitt St, Adelaide?
Yes No Unsure

5. If you are unable to attend at the Grandcarers SA office, do you:
a) have access to the internet? **Yes No Unsure**
b) can you participate in meetings virtually? **Yes No Unsure**

6. What meeting times/days are best for you?

Monday: Morning Afternoon Evening	Please include any comments relating to times etc. below:
Tuesday: Morning Afternoon Evening	
Wednesday: Morning Afternoon Evening	
Thursday: Morning Afternoon Evening	

Applicant’s Declaration

I, (please print full name) _____ declare that I am over 18 years of age and to the best of my ability the information contained in this application form is accurate and correct and I agree to notify Grandcarers SA of any changes to my circumstances that may affect my role. I have also read and agree to the Terms of Reference for the Grandcarers SA Advisory Group.

Signature	Date
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Thank you for applying to be a member of the Grandcarers SA Advisory Group. You will be contacted to discuss this application within 10 working days of submission.
Advisory Group Application Form 9 January 2024 2