



APPLICATION AND AGREEMENT FORM

Title (if preferred/used): _____ First name: _____ Surname: _____

Address: _____

Email: _____

Phone: _____ Mobile: _____

Your age (only state if you are comfortable): _____

Preferred method of contact: Phone Mail Email

Where did you hear about the Cabrini Community Voice (previously known as the Patient and Family Register)?

Cabrini facility/site Cabrini website Cabrini staff member/volunteer

Other (please specify): _____

Are you a member of any other community groups? If so please provide details:

Why would you like to join the Cabrini Community Voice?

Consumer representative agreement

- I agree to be a member of the Cabrini Community Voice for a two-year term.
- I understand that at any time I can choose to vary my participation or be removed from the group.
- I understand that Cabrini may end my role as a consumer representative at any time.
- I understand that I will volunteer my time as a consumer representative but that Cabrini will reimburse me for any reasonable expenses incurred in carrying out my duties (e.g. transport and car parking) if I am required to attend meetings.
- I understand that I am not an employee of Cabrini and will not represent myself as such.
- I will disclose any potential or actual conflicts of interest that may be relevant to my role.
- I understand that my feedback and comments as a consumer representative will be taken into account in relation to Cabrini’s plans and services but that my feedback may not always be reflected in final decisions.
- I will comply with all reasonable directions from Cabrini.
- I agree to support Cabrini’s mission and to act according to Cabrini’s values, as outlined in the ‘Our Mission, Values and Vision’ booklet, as contained in the information pack for the Cabrini Community Voice.
- I acknowledge that in my role as a consumer representative, I may become aware of private and confidential information. I understand that I must maintain the confidentiality of this information and comply with Cabrini’s policies and procedures on privacy and confidentiality, as contained in the information pack for the Cabrini Community Voice.

Signature: _____ Date signed: _____

Consumer representative, Cabrini Community Voice

Please return this form to:

Cabrini Patient Experience team, 183 Wattleree Road, Malvern VIC 3144
or email ccv@cabrini.com.au

