### **Voices for Palliative Care**

### Organisation Application Form – **INVOLVEMENT REQUEST**

**Please email completed form to:** Voices for Palliative Care\* - [mollie.wilson@svha.org.au](mailto:mollie.wilson@svha.org.au)

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| CONTACT DETAILS |
| Organisation / Department Name: |
| Contact Name: |
| Contact Position: |
| Email: |
| Phone: |

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| Provide a description of the project, committee &/or panel for which you are request the involvement of a Voices for Palliative Care consumer representative. Please share details of project background, objectives, methodology, governance/management, and timeline. |
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| What will be expected of the consumer representative? Please include activities, travel and anticipated hours of involvement. Please also include the number of representatives you wish to engage. |
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| Provide details regarding remuneration & reimbursement for sitting fees, travel, accommodation, etc. |
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| Please provide details regarding how the involvement of a Voices for Palliative Care consumer representative will benefit or inform your project? |
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| Please indicate how the outcome(s) of this work will be disseminated. |
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***\**** *Please note that Voices for Palliative Care consumer representatives represent their own views.*