### **Voices for Palliative Care**

### Organisation Application Form – **PROJECT PITCH REQUEST**

**Please email completed form to:** Voices for Palliative Care – mollie.wilson@svha.org.au

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

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| Please provide a brief 250-300 word lay summary of your project? |
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| Why do you wish to engage with consumers who have lived experience with palliative care? What specific benefits do you anticipate gaining from their involvement? What do you hope to achieve through this engagement? Please provide a brief response.  |
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