

## Nomination Form

### Instructions

This form is to be used by carers, or representatives of organisations that support carers, seeking to nominate for membership to the Queensland Carers Advisory Council. Before nominating, you should carefully read the information for applicants, including membership eligibility and responsibilities.

The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships is committed to respecting, protecting and promoting human rights. Under the [Human Rights Act 2019](#), the department has an obligation to act and make decisions in a way that is compatible with human rights and, when making a decision, to give proper consideration to human rights.

### Privacy Statement

*The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships is collecting your information in accordance with the [Carers \(Recognition\) Act 2008](#) for the purpose of assessing your application to be a member of the Queensland Carers Advisory Council.*

*Your information will be used to obtain criminal history, assess the suitability of appointment, or be used for administration of the Queensland Carers Advisory Council. Your information will be provided to a department selection panel, Queensland Police Service and to the Minister and Premier of Queensland. If successful, your name may be published in a media release (with your consent).*

*Your information will be managed by the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships in accordance with the [Information Privacy Act 2009](#).*

### Part 1: Eligibility and Role

Are you a current resident of Queensland?

*(applicants must be a resident of Queensland to be eligible for membership)*

Yes

No

Please select the role in which you would like to be considered for nomination

- I am nominating as a **carer**. I provide, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks.
- I am nominating as a **grandparent carer**. I provide care for a grandchild who lives with me and I am the primary care giver.
- I am nominating as a **representative of an organisation** that supports carers.
- I am nominating as a **representative of an organisation** that supports grandparent carers.



<b>Part 2: Personal Details of Applicant</b>			
<b>Family Name</b>		<b>First Name(s)</b>	
<b>Date of Birth</b>		<b>Gender</b>	
<b>Email</b>			
<b>Home Phone</b>		<b>Mobile Phone</b>	
<b>Residential Address</b>			
	<b>State:</b>	<b>Postcode:</b>	
<b>Do any of the following descriptions apply to you? (select all that apply)</b>			
<input type="checkbox"/> Young Carer (aged under 25 years)	<input type="checkbox"/> Older Carer (aged over 65 years)		
<input type="checkbox"/> Aboriginal person	<input type="checkbox"/> Torres Strait Islander person		
<input type="checkbox"/> Australian South Pacific Islander Person	<input type="checkbox"/> Diverse sex, gender and sexuality		
<input type="checkbox"/> Person with disability	<input type="checkbox"/> Living in regional, rural or remote area		
<input type="checkbox"/> Culturally/linguistically diverse background	<input type="checkbox"/> None of these		

<b>Part 3: Contact Details of Referees (please provide two)</b>			
<i>Referees should have a thorough knowledge of your role as a carer or carer representative, your involvement in the community and/or should be able to provide a character reference.</i>			
<b>Family Name</b>		<b>First Name(s)</b>	
<b>Relationship</b>			
<b>Email</b>			
<b>Home Phone</b>		<b>Mobile Phone</b>	
<b>Referee 2</b>			
<b>Family Name</b>		<b>First Name(s)</b>	
<b>Relationship</b>			
<b>Email</b>			
<b>Home Phone</b>		<b>Mobile Phone</b>	

Part 4: Employer Agreement to Participate			
<i>(this part only applicable for carers who are employed or organisational representatives)</i>			
<b>Do you have approval from your employer (CEO, Chairperson or similar) to attend and participate in, council activities during business hours?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Organisation</b>			
<b>Name of CEO or Similar</b>			
<b>Position</b>		<b>Phone Number</b>	
<b>Email</b>			

Part 5: Experience <i>(please attach a copy of your current resume or curriculum vitae)</i>
<b>Describe your experience as a carer, or working in an organisation that represents carers</b>
<b>Describe your involvement in community activities and connection to community networks</b>
<b>What are the most important issues or concerns for carers?</b>

<b>Please outline any other information in support of your nomination</b>
<b>Membership of, or participation in, other Queensland Government bodies (e.g. committees, boards etc.)</b>

<b>Part 6: Applicant Declaration</b>			
<b>Full Name</b>			
<b>Please read the following carefully before signing</b>			
<input type="checkbox"/>	I have read and agree to the functions required as a member of the Queensland Advisory Council, as defined in section 12 of the <a href="#">Carers (Recognition) Act 2008</a> .		
<input type="checkbox"/>	I have read and understand the contents of this form and confirm I am eligible to nominate for the Queensland Carers Advisory Council.		
<input type="checkbox"/>	I certify that the information provided in this form and contained in the attached documents is true and correct.		
<input type="checkbox"/>	I understand that I may be requested to consent to criminal history screening and my personal information will be provided to the Queensland Police Service for this purpose.		
<input type="checkbox"/>	I understand that any responses within, or information provided, as a result of this application will be used by the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships to assess my suitability, including criminal history screening.		
<input type="checkbox"/>	I understand that I am giving consent for the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships to consult with third party entities to assess my application.		
<b>Signature</b>			<b>Date</b>