



EXPRESSION OF INTEREST FORM

Kurrajong Client Carer Reference Group

Fill out the below form to submit your Expression of Interest for the Kurrajong Client Carer Reference Group.

All fields are required to be completed where possible.

Personal information

Title:

First name:

Surname:

Postal address:

Suburb/Town:

Postcode:

Home phone:

Mobile phone:

Email address:

Background

1. Why would you like to be on the Kurrajong Client Carer Reference Group?
2. What skills, experience and perspectives will you bring? Please include a statement regarding your understanding and experience in relation to the NDIS.
3. What Kurrajong services do you or someone close to you access, or have accessed in the past?

Employment, community or industry experience

1. Tell us a little about your current or past employment and community involvement.
2. What experience do you have of being on committees or consumer groups?

Other information

Please feel free to provide any additional relevant information with your application

Referees

Please provide two referees who are available for us to contact.

Referee one:

Name:
Organisation:
Phone:
Relationship to you:

Referee two:

Name:
Organisation:
Phone:
Relationship to you:

Declaration

I hereby declare that I am over 18 years of age and that the information provided in this application for membership of the Kurrajong Client Carer Reference Group is true and correct.

Signature