**Consumer Representative Nomination Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why are you nominating for the Consumer Advisory Panel? Why does it interest you?
2. What consumer experience and knowledge do you have in the area? For example, are you a consumer in this area or do you have strong links to those who are?

*Note: formal qualifications or training are not expected for consumer representation*

1. What experience have you had as a consumer representative?
2. If nominated, how will you consult with / be accountable to arthritis consumers?
3. Please provide any other information relevant to your nomination, for example professional qualifications, work history or other experience related to the area or to health consumer issues more generally.

***Please email your completed form to*** ***policy@arthritisaustralia.com.au***

***By Friday 29 January 2021***