**Consumer Representative Nomination Form**

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| --- | --- |
| Name: |  |
| Age: |  |
| Diagnosis: |  |
| Address: |  |
| Tel number: |  |
| Email Address: |  |

1. Why are you nominating for the Consumer Advisory Panel? Why does it interest you?
2. What lived experience and knowledge do you have? For example, are you a person living with arthritis or do you care for or have strong links to someone with arthritis?

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

1. Outline any experience you have 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*** [***lhardy@arthritisaustralia.com.au***](mailto:lhardy@arthritisaustralia.com.au)

***By Monday 3 April 2023***