



CCB Consumer Advocacy Group Expression of Interest Form

1. Your contact details:

Name:
Address:
Address 2:
City / Town:
State / Province:
ZIP / Postal Code:
Country:
Email Address:
Phone Number:

2. Date of Birth

Your birth date: / /

3. What has been your experience with Cancer?

Directly affected - patient
Directly affected - survivor
Primary carer
Family member or friend
Consumer organisation representative
Other (please specify):

4. How would you prefer for CCB to contact you?

Email
Phone
Either email or phone

5. How often would you like to be contacted regarding CCB Consumer Advocacy Group activities?

Once a year
No more than twice a year
Once a quarter
No preference

6. Please comment briefly on why you would like to become involved with the CCB Consumer Advocacy Group and what do you think you can bring to benefit this group?

7. Are there any areas of cancer/research that you have experience and/or an interest in?

Thank you for expressing an interest in partnering with CCB as a consumer advocate. All information that we have requested in this form is voluntary; we have asked these questions so that we can ensure that all voices in the community well represented in CCB CAG activities and so that we can effectively engage and communicate with you. Information provided will be kept confidential within the CCB CAG Management Team and will only be used to support the activities of the CCB.

Should you have any questions or concerns regarding this nomination form please contact us on phone: 08 8302 7833 or email: claudine.bonder@unisa.edu.au

Once you submit this form you can expect that a member of the CCB CAG team will make contact with you as soon as possible. Thank you again!