
# Minister’s Carer Advisory Council

## Expression of Interest Form

Expressions of interest must be received by **31 January 2023**

|  |  |
| --- | --- |
| Title:  |  |
| Pronouns: |  |
| Family Name:  |  |
| Given Name/s:  |  |
| Current Address:  |  Postcode  |
| Postal Address:(if different from above) |  Postcode  |
| Daytime phone number: |  |
| Email:  |  |

### YOUR CONTACT DETAILS

### PERSONAL STATEMENT IN RELATION TO SELECTION CRITERIA

Please provide a statement outlining your experience against each of the following questions.

#### Which of the following best describes your carer experience (please delete/cross out those that are NOT relevant):

I am a carer of a person who:

* has disability
* has mental ill health
* has chronic or life-limiting condition
* has alcohol or other drug dependence
* is frail or aged
* is a child, and I am their informal kinship carer
* Other (please describe) …………………………………………………..

#### Please briefly describe how your experience (as indicated above in 2.1) helps to you understand the needs and perspectives of carers in Tasmania.

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| --- |
| (Up to 400 words) |

#### *Supporting Tasmanian Carers: Tasmania’s Carer Action Plan 2021-2024* focuses on supporting carer access to services and participation in community, enhancing the recognition of carers, and ensuring carer’s voices are considered in the development of Tasmanian Government policy and programs.

#### Please describe what access for, participation by and recognition of carers means to you.

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| (Up to 400 words) |

#### Please describe your understanding of how Tasmanian Government policies and programs can have an impact on carers.

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| (Up to 400 words) |

### RESUME

If you have one, please attach your resume. Your resume may include information on your relevant experience, employment, membership of related organisations (professional, voluntary or community) and current or previous appointments to boards or committee. Please note that this is not a requirement.

### YOUR REFEREES

Please provide the details of two referees who are able to comment on your involvement in and knowledge of carer-related issues.

|  |  |  |
| --- | --- | --- |
| **Referee Details** | **Referee 1** | **Referee 2** |
| Title: |  |  |
| Family Name: |  |  |
| Given Name/s: |  |  |
| Position: |  |  |
| Organisation:  |  |  |
| Daytime phone number: |  |  |
| Email: |  |  |

## SUBMISSION

Submit your completed expression of interest package via:

* email: carers.actionplan@dpac.tas.gov.au
* post: Minister’s Carer Advisory Council

 Community Partnerships and Priorities Division

 Department of Premier and Cabinet

 GPO Box 123

 HOBART TAS 7001

Any questions relating to your application can be directed to Kristy Broomhall on 03 6232 7581.

## PERSONAL INFORMATION

Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*. You can request access to your personal information from the Department of Premier and Cabinet.