

Carers WA – Participation Feedback and Payment Claim Form



Please complete the form fully, type 'X' into the appropriate boxes and email to

carer.representation@carerswa.asn.au

Each form should include **ONE MEETING ONLY** - If you have any queries, call the Carer Representation team on **1300 227 377**

Name of Representative			
FULL Committee name			
Health or Mental Health?		Which Hospital?	
Important issues discussed at the meeting			
Any participation Issues?			
Would you like the Carer Rep team to contact you about any issues listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you consent to Carers WA using this information for agenda items, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I am claiming for: Preparation/reading Meeting participation Travel expenses

Preparation/Reading Time (reading of agendas and minutes is **NOT** to be claimed)

.....	Hour(s) **more than one hour must be approved by Chair – see below
Chair name:	Signature:

Participation Payment

Meeting Date		Start time		Finish time	
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Travel Reimbursement	Odometer Start	Odometer Finish	Number of Km's
88 cents per kilometre			
<input type="checkbox"/> Bus / Train / Parking receipt(s) attached			

<input type="checkbox"/>	I declare that the information supplied is correct and I have not received any other reimbursement of costs for this participation
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