

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	

Your Name

Full committee name (as per the agenda and minutes)

Eg Sir Charles Gairdner, Rockingham, Fiona Stanley, etc (even if using MS Teams to attend)

Any CARER-related matters raised or discussed at the meeting

Any problems you have as a Carer Rep, eg meeting cancelled without notice, previous minutes only received last minute, etc

Would you like Carers WA to give you a call?

Are there any confidentiality issues we need to be aware of?

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

VERY IMPORTANT – PLEASE TICK BOXES SHOWING WHAT YOU ARE CLAIMING FOR

*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:

This section is ONLY for **preparation/reading time**. Signature required from the Committee Chair only if preparation/reading time exceeds one hour

Participation Payment

Meeting Date	Start time	Finish time

Must be completed – including actual start / finish times (we'll round up)

Travel Reimbursement

Odometer Start	Odometer Finish	Number of Km's

85 cents per kilometre

Bus / Train / Parking receipt(s) attached

Only relevant if you've travelled but odometer readings must be included if driving and receipts for bus/train and parking attached

I declare that the information supplied is correct and I have not received any other reimbursement of costs for this participation

PLEASE ENSURE THIS BOX HAS BEEN TICKED BEFORE SENDING IN FORM