# Nomination Form : Carer Representative

## Instructions

This form is to be completed by carers who wish to be considered for membership to the Queensland Carers Advisory Council.

Before completing this form, you should carefully read the information for applicants, including membership eligibility and responsibilities.

The Department of Families, Seniors, Disability Services and Child Safety is committed to respecting, protecting and promoting human rights. Under the [*Human Rights Act 2019*,](https://www.legislation.qld.gov.au/view/whole/html/asmade/act-2019-005) the department has an obligation to act and make decisions in a way that is compatible with human rights and, when making a decision, to give proper consideration to human rights.

## Privacy Statement

The Department of Families, Seniors, Disability Services and Child Safety (the Department) is collecting your information in accordance with the [*Carers (Recognition) Act 2008*](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.legislation.qld.gov.au%2Fview%2Fhtml%2Finforce%2Fcurrent%2Fact-2008-070&data=05%7C02%7CFiona.Martin%40dcssds.qld.gov.au%7Cc4f89fd57175407c3f8008dda3171b1a%7C95b907c2752b485088ad86939ce522f0%7C0%7C0%7C638846041836246660%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=R6P%2Bz%2FhCXIMC7zDMd3EeuuzAE2vUvAkKZk9iDfoQmME%3D&reserved=0) for the purpose of assessing your application to be a member of the Queensland Carers Advisory Council.

Your information will be used to assess your suitability for appointment or for administration of the Queensland Carers Advisory Council. Your information will be provided to a departmental selection panel to assess your suitability.

If you are shortlisted for appointment, the Department will request a Government Research and Information Library ([GRAIL](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.slq.qld.gov.au%2Fgrail-public%2Fpub-due-diligence&data=05%7C02%7CFiona.Martin%40dcssds.qld.gov.au%7Cc4f89fd57175407c3f8008dda3171b1a%7C95b907c2752b485088ad86939ce522f0%7C0%7C0%7C638846041836271461%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=7IvhKrltjEKZoCr6XuleFOxzcMVDnsuvB1LEotb8ovQ%3D&reserved=0)) check. The Department will provide relevant information to the State Library Queensland to enable them to conduct this check.

If recommended for appointment, the Department will provide your name to the Minister and Premier of Queensland. If successful, your name may be published in a media release (with your consent).

If we do not collect the information on this form, we will not be able to progress your nomination for membership to the Queensland Carers Advisory Council.

The Queensland Government is committed to increasing all forms of diversity on its boards and for this purpose, we may ask additional diversity related questions. However, these questions are optional. If you choose to answer, the Department may provide de-identified information to the Premier as evidence of action taken to promote diversity in significant appointments. By completing these optional questions, you will be taken to be consenting to the collection of this information and the provision of de-identified information to the Premier. For further information please refer to [Significant Appointments](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.premiers.qld.gov.au%2Fpublications%2Fcategories%2Fpolicies-and-codes%2Fhandbooks%2Fcabinet-handbook%2Fappendices%2Fsignificant-appointments.aspx&data=05%7C02%7CFiona.Martin%40dcssds.qld.gov.au%7Cc4f89fd57175407c3f8008dda3171b1a%7C95b907c2752b485088ad86939ce522f0%7C0%7C0%7C638846041836285593%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=CieKwenJuNrBurVe544yCt16BCqNqvZhlVYVIBE%2F2z4%3D&reserved=0).

All information obtained in the nomination and assessment process will be managed by the Department in accordance with the [*Information Privacy Act 2009*](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.legislation.qld.gov.au%2Fview%2Fhtml%2Finforce%2Fcurrent%2Fact-2009-014&data=05%7C02%7CFiona.Martin%40dcssds.qld.gov.au%7Cc4f89fd57175407c3f8008dda3171b1a%7C95b907c2752b485088ad86939ce522f0%7C0%7C0%7C638846041836299037%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=mGilbWMqpUIt0IW%2FJQsG7P0GGu05wq53DzzrHefZop8%3D&reserved=0) (IP Act). The Department’s [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.families.qld.gov.au%2Fabout-us%2Four-department%2Fright-information%2Finformation-privacy&data=05%7C02%7CFiona.Martin%40dcssds.qld.gov.au%7Cc4f89fd57175407c3f8008dda3171b1a%7C95b907c2752b485088ad86939ce522f0%7C0%7C0%7C638846041836312146%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=s1ByZ99Ebf2qqbqXML6WanMb%2BMW8t4tr3bN5Hh8IlX0%3D&reserved=0) contains information about how you can apply to access or correct information the Department holds about you and how you can make a privacy complaint if you believe the Department has not handled your personal information in accordance with the IP Act.

**Part 1: Eligibility and Role**

**Are you a current resident of Queensland?** (Applicants must be a resident of Queensland to be eligible for membership.)

Yes

No

**Please select the role in which you would like to be considered for nomination**

I am nominating as a **carer.** I provide, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of disability, frailty, chronic illness or pain, requires assistance with everyday tasks.

I am nominating as a **grandparent carer.** I provide care for a grandchild that lives with me and I am the primary care giver.

**Part 2: Personal Details of Applicant**

**Family Name**

**First Name(s)**

**Date of Birth**

**Gender**

**Email**

**Home Phone**

**Mobile Phone**

**Residential Address**

**State** **Postcode**

**Do any of the following descriptions apply to you?** (These questions are optional. Select all that apply.)

Young Carer (aged under 25 years)

Older Carer (aged over 65 years)

Aboriginal person

Torres Strait Islander person

Australian South Pacific Islander person

Culturally/linguistically diverse background

LGBTQIA+

Person with disability

Living in regional, rural or remote area

None of these

**Part 3: Contact Details of Referees** (please provide two)

Referees should have a thorough knowledge of your role as a carer organisation representative, your involvement in the community and/or be able to provide a character reference.

**Referee 1**

**Family Name**

**First Name**

**Relationship**

**Email**

**Home Phone**

**Mobile Phone**

**Referee 2**

**Family Name**

**First Name**

**Relationship**

**Email**

**Home Phone**

**Mobile Phone**

**Part 4: Experience** (please attach a copy of your current resume or curriculum vitae)

**Describe your lived experience as a carer**

**Describe your involvement in community activities and connection to community networks**

**What are the most important issues or concerns for you as a carer or among carers you know?**

**What other information do you think is relevant to this role?**

**Membership to, or participation in, other government bodies (e.g. committees, boards etc.)**

**Part 5: Applicant Declaration**

**Full Name**

**Please read the following statements carefully and check each box.**

I have read and agree to the functions required as a member of the Queensland Advisory Council, as defined in section 12 of the [*Carers (Recognition) Act 2008*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2008-070#pt.3).

I have read and understand the contents of this form and confirm I am eligible to submit an application for nomination to the Queensland Carers Advisory Council.

I certify that the information provided in this form and contained in the attached documents is true and correct.

I understand that any responses within, or information provided, as a result of this application will be used by the Department of Families, Seniors, Disability Services and Child Safety to assess my suitability.

I understand that I am giving consent for the Department of Families, Seniors, Disability Services and Child Safety to provide information to State Library Queensland to undertake a [GRAIL](https://www.slq.qld.gov.au/grail-public/pub-due-diligence) check if I am shortlisted for appointment.

**Signature Date**