



## Consumer Representative Program Feedback Form

Consumer Representative Name: \_\_\_\_\_

Committee Name: \_\_\_\_\_

Date of meeting attended: \_\_\_\_\_

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### INFORMATION WE NEED YOU TO PROVIDE:

**ISSUES** - What issues were discussed at the meeting that you think are important for Consumers to know?

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*(Please attach another sheet of paper if you need to write more)*

**CONCERNS** - Please outline any concerns about the committee's work or processes that you think the Network or other Consumers should be aware of?

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*(Please attach another sheet of paper if you need to write more)*

**ADDITIONAL INFORMATION YOU MIGHT BE ABLE TO PROVIDE:**

**ANYTHING ELSE?** - Is there anything else about the committee or the meeting that you think Consumers or the Network might like to know? For example:

- Has the committee reached any goals that would benefit Consumers?
- Has the committee changed any terms or programs?
- Were any documents or materials presented at the meeting ***other than the regular meeting papers?***
- Is the committee planning any activities or events that you think Consumers or the Network would be interested in?

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*(Please attach another sheet of paper if you need to write more)*

**FOR YOUR INFORMATION**

Network staff are available for briefings before you attend a meeting, and debriefings after you attend a meeting.

Please contact us on 02 6230 5796 or 0406 457 557 to discuss any issues you may have regarding the committee, the meeting or your representative role, or make an appointment to meet in person. If you would prefer to seek support via email please do so at [representation@actmhc.org.au](mailto:representation@actmhc.org.au).

**Thank you for your feedback!**