## Express of Interest Form

## **Join the Seniors Peak Consumer Reference Group (CRG)**

**Section 1 - Details**

| Contact Person: | Title: | First name: | Surname: |
| --- | --- | --- | --- |
|  |  |  |
| Address: |  | Postcode: |  |
| Phone: |  | Mobile: |  |
| Date of Birth (dd/mm/yy) |  |
| Email: |  |
| **Email will be used for all correspondence relating to this submission.** |
|  Preferred Contact Method: |  ☐ Phone ☐ Email ☐ Message |

**Section 2 - Selection Criteria**

Please complete the following questions in the space provided below to support your application

 (In no more than 200-300 words)



**Section 4 - Agreement**

 I understand that if this application is approved:

1. I declare that the details contained in this application and its attachments are true and correct.
2. My signature below is an agreement to abide by the undertakings and conditions of joining the CRG meet ups, commencing November 2025.
3. I understand that by joining,
	* I am appointed for a 12-month term
	* The group will meet up to six-times per year, both in-person (Perth-based) and virtually
	* Meetings will commerce in November 2025, aligned with WA Seniors Week
	* I will be participating in a voluntary capacity and is not renumerated

| Signed:  |
| --- |
|  Date:  |

**Submit your Application**

**Applications to be submitted by COB Friday, 10 October 2025 via email to:**

**admin@cotawa.org.au**