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**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** |  |

**Carer Issues:** What carer issues were discussed at the meeting?

|  |
| --- |
|  |

**Participation Issues:** Were there any issues that affected your participation in this meeting?

|  |
| --- |
|  |
| **Would you like Carers WA to contact you about any carer or participation issues you have listed?**  |  Yes |  No |
| **Do you consent to Carers WA using this information for agenda items, publications, etc?**  |  Yes |  No |

**Payment Claim**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Length of Time** |  1 hour or part ….. thereof | OR | \_\_\_\_ Hours Any reading > 1 hour must be approved by Chair prior. | Chair name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Subject of reading: |

**Participation Payment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Committee Meeting** | **Date** |  | **Start time** |  | **Finish time** |  |
| **Date of next meeting** |  |

**Travel Reimbursement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Engine Capacity** | **Rate per kilometre** | **Odometer Start** | **Odometer Finish** | **Number of Km’s** |
| All vehicles designed to carry a load of less than 1 tonne and fewer than 9 passengers (except a motor cycle or similar vehicle) | 68 cents |  |  |  |

**Reclaimable Receipt / Vouchers**

|  |  |  |
| --- | --- | --- |
| Please send **Public Transport** or **Parking Receipts** (with printed copy of this form) to:**Carers WA, Reply Paid 638, Mt Lawley WA 6929** (no postage required) or by email to **carer.representation@carerswa.asn.au** |  | I declare that the information supplied is correct and I have not received any other reimbursement of costs for this participation |