**Ageing Well Ambassador Expression of Interest Form**

### Submissions close 5pm Sunday 22 October 2017

Thank you for your interest in becoming an Ageing Well Ambassador. Please tell us a little about yourself.

**Why would you like to become and Ageing Well Ambassador?**

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| --- |
| Click or tap here to enter text. |

**What skills and interests do you have that will assist you in this role?**

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| --- |
| Click or tap here to enter text. |

## Participant Agreement

I have read the Ageing Well Ambassador Expression of Interest Information and understand the requirements of the project.

I am willing and able to meet the expectations of the Ageing Well Ambassador role within the project timeframe of October 2017 – May 2018. These being;

* Active participation in steering committee meetings/workshops (n= 5)
* Facilitation of community focus groups (with support) (n= 3-6)
* Provision of focus group notes/recordings and personal reflections

I understand there are only 8 places available and council is seeking representation from across the council area. I therefore may or may not be selected on this occasion.

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| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | | |
| Address: | Click or tap here to enter text. | Town: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | | |
| Email: | Click or tap here to enter text. | | |
| Date: | Click or tap here to enter text. | | |

Submissions to: Email: [deanne.drage@federationcouncil.nsw.gov.au](mailto:deanne.drage@federationcouncil.nsw.gov.au)

Post: Ageing Well Ambassador EOI c/- Federation Council, PO Box 77, Corowa NSW 2646