



## 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.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**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

Deliver: c/- Federation Council  
100 Edward Street, Corowa  
OR  
30-32 William Street, Urana