



Consumer and community representative (CCR) nomination form

Personal details:

Title	
First name	
Surname	
Phone	
Email	
Organisation/ institution/ position (if applicable)	
State/ territory	
Gender ¹ (optional)	
Languages spoken	
Do you require any supports to be an effective representative?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Large-print material <input type="checkbox"/> Interpreters Other: <input type="checkbox"/> Easy read materials <input type="checkbox"/> A support person

RESPONSE REQUIRED:

Are you comfortable with your nomination being shared internally for other CCR roles with other NHMRC schemes? Please indicate your acceptance here:

- Yes
 No

¹ Gender information will assist NHMRC in meeting the Australian Government's commitment to gender diversity.

Areas relevant to your experience:

- | | |
|---|---|
| <input type="checkbox"/> Ageing Research | <input type="checkbox"/> Inflammation |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Medically-related Technologies |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Bioinformatics & Biostatistics | <input type="checkbox"/> Molecular Biology |
| <input type="checkbox"/> Cancer Biology | <input type="checkbox"/> Musculoskeletal Conditions |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Cellular Biology | <input type="checkbox"/> Neuroscience |
| <input type="checkbox"/> Clinical Medicine | <input type="checkbox"/> Nursing & Midwifery |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Cohort Study | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Computational Biology | <input type="checkbox"/> Obstetrics & Gynaecology |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Paediatrics & Perinatology |
| <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Population Health |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Regenerative Medicine |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Reproductive Medicine |
| <input type="checkbox"/> Geriatrics & Gerontology | <input type="checkbox"/> Respiratory Medicine |
| <input type="checkbox"/> Haematology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Health Promotion | <input type="checkbox"/> Sleep Disorders |
| <input type="checkbox"/> Health Services Research | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Indigenous Health | <input type="checkbox"/> Virology |
| | <input type="checkbox"/> Vision Sciences |

What interest do you have in the areas you have selected? Please note your lived experience if you have some and wish to do so.



Do you have previous experience as a consumer representative? Please provide details such as the group/organisation you were affiliated with and when.

Please note that experience is not required: Training and support will be provided by NHMRC staff.

The following section may not be relevant to all nominees. If the information requested does not apply to you, please leave the section blank.

Professional qualifications:

Areas of Expertise:

- Clinical Trials Expert
- Commercial Industry Expert
- Consumer Expert
- Medically Trained
- Scientific Expert

Describe any previous professional experience and knowledge that would support you in performing the roles and responsibilities of a CCR. For example:

- any personal or professional experience with a health service, health research or other health-related fields, either as a consumer, carer or provider.
- any previous experience as a consumer or community advocate.

Provide any other information you feel is relevant, for example professional qualifications, work history, or other experience related to health consumer issues.



Collection Notice

NHMRC is collecting your personal information via this form to gather contact details and other information as part of the NHMRC Consumer and community representative (CCR) nomination process. Without this information, NHMRC will not process your nomination. By providing this information you are acknowledging that your information will be used, stored and (depending on the outcome of your application), disclosed by NHMRC.

Further information can be found in the [NHMRC Privacy Policy](#).

Please send completed forms to CCRnetwork@nhmrc.gov.au