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**EXPRESSION OF INTEREST**

**APPLICATION FORM**

**CONSUMER REVIEWERS FOR CANCER AUSTRALIA’S PRIORITY-DRIVEN COLLABORATIVE CANCER RESEARCH SCHEME**

**APPLICATIONS CLOSE 5pm AEST on 25 May 2022**

**Please contact Nathan Borg on (02) 6217 9805 if you have any questions.**

**A. PERSONAL DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Postal address |  |
| Suburb/Town |  |
| Postcode |  |
| Business hours contact number (if convenient) |  |
| After hours contact number |  |
| Mobile |  |
| Email |  |
| Gender |  |
| Date of birth (optional) |  |
| Are you of Aboriginal and/or Torres Strait Islander origin? |  |
| Are you from a non-English speaking background? |  |
| Do you have a disability? |  |

**B. YOUR CANCER EXPERIENCE**

|  |  |
| --- | --- |
| Please indicate your cancer experience/s (tick all that apply) and indicate which types of cancer you have encountered in your experiences, using the list provided below.  Breast  Central nervous system  Colorectal  Gynaecological  Head/neck  Leukaemia  Lower gastrointestinal  Lung  Lymphoma  Prostate  Renal/urinary  Skin  Testicular  Thyroid  Unknown primary  Upper gastrointestinal  Other (please define) | **Example:**  **Carer**  ***Liver, secondaries including bone***  Diagnosed with cancer  *(please specify)*  Carer  *(please specify)*  Family member diagnosed  *(please specify)*  Friend diagnosed  *(please specify)*  No experience with cancer    *(please specify)*    Other  *(please specify)* |

|  |  |
| --- | --- |
| Which areas of the cancer continuum do you have an understanding of or are familiar with?  (tick all that apply)  Why do you wish to be involved in the assessment of cancer research applications?  Are you involved with a cancer consumer organisation?  Have you received training to be a consumer representative? | Research issues  Radiotherapy  Reproductive issues  Palliative care  Recurrence  Chemotherapy  Clinical trials  Surgery  Psychological issues  Diagnostic testing  Immunotherapy  Survivorship issues  Cancer prevention  Other (please describe)  Please describe    Yes  No If yes, please name the organisation and your role in it.    Yes  No If yes, please describe which organisation provided the training and summarise the details of the training you received |

**C. AVAILABILITY**

|  |  |
| --- | --- |
| Are you able to participate in Cancer Australia’s Grant Review Committees from September-November 2022?  Assessors will be expected to review up to 15 PdCCRS Questions applications (approximately five pages), provide feedback and participate in a two-hour videoconference with other members assigned to your Grant Review Committee. Assessors will receive the PdCCRS Questions applications at least two weeks prior to the videoconference where scores are finalised. The videoconferences are anticipated to be held late October to early November 2022. | Yes  No |
| Are you able to participate in a Consumer Research Training Workshop in 2022?  This workshop is a two-day workshop to be held in Sydney or Melbourne in August/September 2022. Only if travel is not permitted will the training be conducted via videoconference. | Yes  No |
| Are you willing to participate as a Grant Review Committee member in future years?  Consumers to participate in Grant Review Committees are required by Cancer Australia every year. Not all consumers attending the workshop in 2022 may participate in the 2022 PdCCRS GRCs, however, these consumers may be invited by Cancer Australia to participate in Grant Review Committees in future years. Details of consumers willing to participate in Grant Review Committees in future years will be placed on a register which will only be accessible to members of Cancer Australia’s Research and Clinical Trials team and will not be used for any other purpose without your express permission. | Yes  No |

**D. PREVIOUS EXPERIENCE**

|  |  |
| --- | --- |
| Have you previously acted as a consumer representative on a committee or board? Your response may include organisations not related to cancer. | Yes  No  If yes, please describe. |
| Do you have previous experience in reviewing research grants? | Yes  No  If yes, please describe your experience, including the frequency, the most recent occasion and the focus of the research. |

**E. RESPONSE TO CRITERIA**

|  |
| --- |
| **Grant Review Committees members review various types of cancer research which may not be directly relate to their personal experience.** |
| Describe your understanding of medical/scientific research, particularly as it relates to cancer and how research may benefit the community. |
| **Consumer representatives on the Grant Review Committees have an essential role in ensuring a consumer perspective is considered in the assessment process.** |
| Please describe your knowledge of cancer consumer experiences, issues and/or perspectives. |
| **Effective communication skills are a key attribute for participation in the Grant Review Committee and the Consumer Research Training Workshop, as it is essential that all members are able to listen to others and share their opinions of the projects under review.** |
| Please describe your understanding of the skills required for effective communication and outline your experience in utilising these skills in public forums (e.g., Meetings, advocacy forums, working groups). |

**Please return this form to:**

Email: [nathan.borg@canceraustralia.gov.au](mailto:nathan.borg@canceraustralia.gov.au)

Tel: (02) 6217 9805

Post: Mr Nathan Borg

Cancer Australia

PO Box 1201

Dickson ACT 2602

Please note that all information provided in the Expression of Interest form will be treated with the strictest confidence and will not be used for purposes other than identified in this document without permission of the applicant.