



**BRAINWAVE**

Connect. Move. Empower.

## Brainwave Parent Advisory Group (PAG)

### Application form

To express your interest in being a member of the Brainwave Parent Advisory Group (PAG), complete this application form and email it to [amy.timoshanko@brainwave.org.au](mailto:amy.timoshanko@brainwave.org.au) by **5pm Thursday 18<sup>th</sup> February 2021**.

\*Please complete all sections

Full Name

.....

Contact details

Email: .....

Mobile: .....

Brainwave Child Full Name

.....

The Brainwave Parent Advisory Group will comprise a broad mix of parents, guardians or immediate family members of children living with a brain illness or injury and/or young adults with a history of a childhood brain illness or injury. To assist in having a range of members on the Parent Advisory Group, please provide the information below.

I am:

- A parent/Guardian for a child with a brain illness or injury
- A carer/family member/friend of a child with a neurological condition
- A young adult with a history of a childhood neurological condition

Other (please specify) .....

- Female
- Male
- Other



**BRAINWAVE**  
SUPPORTING CHILDREN WITH  
NEUROLOGICAL CONDITIONS



# BRAINWAVE

Supporting children with neurological conditions

Please state brain illness or injury(s) identified in your experience:

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.....  
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My age:

- 18 – 23
- 24 – 50
- 51 – 65
- 66 – 80
- 81+

I am a person of Aboriginal and Torres Islander descent

- Yes
- No

I identify as an LGBTI person

- Yes
- No

I live in:

- Victoria
- New South Wales
- Queensland
- South Australia
- Tasmania
- ACT
- Northern Territory
- Western Australia
- Tasmania

I live in a rural and regional area     

- What town/ city do you live in or near? .....



# BRAINWAVE

Supporting children with neurological conditions

Would you like to support Brainwave in a particular area of interest?

Area of Interest	YES, I am interested in supporting Brainwave in this area (please mark preference with an X)
Peer support (one on one interactions, blogs, community champions etc)	
Sector support (clinical and NGO connections)	
Fundraising including Corporate partnerships	
Resource library development	
Family activities including Volunteer acquisition and management	
Volunteering (administration, packing resources)	

What ideas and opportunities would you like to present to the Parent Advisory Group?

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I am committed to attending two meetings (in person for Melbourne based members only) of the Brainwave Parent Advisory Group, to be scheduled around February 2021 and July 2021.

I want to be an active contributor to improving the lives of children and their families, supported by Brainwave, through the Brainwave Parent Advisory Group.

Signed: ..... Date: .....

Name: .....

[Download the Group's Terms of Reference](#)



# **BRAINWAVE**

Supporting children with neurological conditions