

## **Customer Reference Group Expression of Interest**

Full name:	
Contact phone:	
Email address:	
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What is your involv	ement with Therapy Focus (if any)?
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What do you believ	e you can contribute to the Customer Reference Group?
How did you find o	ut about the Customer Reference Group and what is your interest in joining?
Declaration	
I,	(full name)
consent to act as a	member of the Therapy Focus Customer Reference Group, and if I am appointed, ware of any legal impediment (financial, personal or otherwise) that would deem me
Signature:	Date:

Please return:

- In person to 5/1140 Albany Highway, Bentley, WA 6102
- By post to Therapy Focus Ltd, PO Box 20, Bentley WA 6982
- By email to <a href="mailto:CRG@therapyfocus.org.au">CRG@therapyfocus.org.au</a>