

# CONSUMER ADVISOR REMUNERATION

Last Updated: 10/10/2023 Author: Rebecca Barbara

## QRG OVERVIEW

This is an overview for processing Remuneration of Consumer Advisors outside of the Best Care and National Standard Committees.

## PROCESS DETAILS:

### Fee Structure

The remuneration amount offered to Consumer Advisors is based on hours per engagement.

- Less than 2 hours \$100 honorarium payment
- Between 2-4 hours \$200 honorarium payment
- Greater than 5 hours - additional \$50 per hour

*Please note: payments are not an accumulative total (i.e., 2 hours over 3 days = \$100). Payments are calculated per engagement request (i.e., 3 engagements, each engagement is less than 1 hour = \$300).*

Remuneration of Consumer Advisors outside of the Best Care and National Standard Committees comes out of the respective committee/projects cost centre. This process is optional and highly recommended. Consultation with the Consumer Partnership Manager is recommended.

### The following process will occur when consumer advisors become members of the committee

#### Process for committee chairs/secretaries or project leads

- Step 1 Committee Chair/Secretary or Project Leads are to complete the accounts section of the Consumer Advisor Remuneration form. This includes; Entity, Campus, Cost Centre, Account, Sub Account and digital signature and send to consumers@wh.org.au

Too be completed by WH staff						
Entity	Campus	Cost Centre	Account	Sub Account	Total Amount (GST Inclusive if applicable)	GST Y/N
					\$	N
					\$	
					\$	
					\$	
<b>Dept</b>			<b>Total of A/c Breakdown</b>		\$	N
<b>Signature</b>			<b>Print Name</b>			
<b>Date</b>			<b>Tel. No.</b>			
<b>Approved by:</b>			<b>Print Name:</b>			

See appendix one which highlights who completes what sections of the form

- Step 2 Committee Chair/Secretary invite Consumer Administration ([consumers@wh.org.au](mailto:consumers@wh.org.au)) email address to all meetings.  
*\*Consumer Administration will not attend meetings; invites will allow for easy tracking of when meetings occur\**
- Step 3 Committee Chair/Secretary will confirm the attendance/absence of Consumer Advisors via email to Consumers Administration within 24hours of meeting.  
*\*Prompt notification of attendance allows for timely processing of remuneration\**

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## Process for consumer administration

- Step 1 Consumer admin sends Remuneration Form to consumer advisors to complete their personal details
- Step 2 Consumer admin to confirm attendance/absence by:
  - a. Email confirmation by Committee Chair/Secretary within 24hours of meeting
  - b. Consumer admin to follow up with Committee Chair/Secretary or Project Lead thereafter.
- Step 3 Consumer administration to confirm correct completion of Remuneration Form (including the automatic payment consent form signed – if applicable) by respective Consumer Advisors
- Step 4 Once Process payment to AP Finance within 48hours of confirmation of attendance. BCC Consumer Advisor and committee chair/project lead into email.
- Step 5 Document invoices paid.

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## APPENDIX ONE



Western Health

ABN 61 166 735 672

### Consumer Advisor Remuneration Form

#### TAX INVOICE

Name:

Contact No. /Mobile:

Email:

Consumer Sitting Fees for **WH Consumer Engagement** to the amount of:

- Less than 4 hours: **\$100.00**
- More than 4 hours: **\$200.00**

#### Bank Account Details

Bank Name: .....(e.g. Commonwealth, ANZ, etc)

Branch Name: ..... (Branch/Suburb where account opened)

BSB No: ..... (6 digits) Account No: .....

(Please state your bank account number from your bank statement NOT your credit/savings card)

Account Name: .....

Signature: .....

Completed by  
Consumer Advisor

Completed by  
committee  
chair/project lead

To be completed by WH staff						
Entity	Campus	Cost Centre	Account	Sub Account	Total Amount (GST Inclusive if applicable)	GST Y/N
					\$	N
					\$	
					\$	
					\$	
Total of A/c Breakdown					\$	N
Signature			Print Name			
Date			Tel. No.			
			Print Name			

#### Opt out of Remuneration

I ..... hereby consent/do not consent for Western Health to offer remuneration for each engagement in the \_\_\_\_\_ based on the above agreed method and value.

Signed:

Date:

Completed by  
Consumer Advisor



Western Health