

Cancer Council WA

Aboriginal Advisory Group

Terms of Reference & Expression of Interest

Terms of Reference

Purpose

To provide advice and support to Cancer Council WA, when requested, to promote positive research findings and the ways to reduce the incidence and impact of cancer in Aboriginal people throughout WA.

Role

Work in partnership with the executive and staff at Cancer Council WA to:

- Develop and implement a Reconciliation Action Plan (RAP) in consultation with Reconciliation Australia.
- Monitor the ongoing implementation and effectiveness of the RAP.
- Assist and guide the development of genuine, inclusive, culturally safe environments, programs, and services for Aboriginal Western Australians.
- Support the growth and development of the Aboriginal cancer workforce within Cancer Council WA.
- Develop and sustain relationships, including with professional bodies, community groups and community service organisations and participate in community-related activities.

Context

- Cancer Council WA, Reconciliation Action Plan
- Cancer Council WA, Strategic Plan
- National Aboriginal and Torres Strait Islander Cancer Framework
- Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer
- WA Cancer Plan 2020–2025
- WA Aboriginal Health and Wellbeing Framework 2015–2030

Membership and Operations

Membership

Members are appointed by the CEO of Cancer Council WA on the recommendation of the Aboriginal Advisory Group Chair and Directors of Cancer Prevention & Research Division and Cancer Information and Support Services Division.

The following guidelines apply:

1. Members shall be appointed based on personal expertise and knowledge across the cancer continuum, and/or have a personal connection to cancer, such as personal experience of cancer, caring for someone with cancer, or having a family member or friend diagnosed with cancer.
2. Members shall have a mix of expertise or skills across the cancer continuum, including:
 - Men's and women's health
 - Rural and remote
 - Community representatives or consumers

- Professional development and training
 - Aboriginal health sector
3. Members shall complete an [Expression of Interest](#) to join the Aboriginal Advisory Group.
 4. There should be no more than 12 members.
 5. Members may be individually consulted in areas of expertise or skills.
 6. Members shall be appointed for a minimum term of two years with opportunity to extend membership.
 7. Members may be recruited through advertising in Cancer Council WA publications and via professional networks.

Cancer Council WA will be represented by staff from Cancer Prevention & Research (CPR), and Cancer Information and Support Services (CISS) who will not be counted as members.

Terms

These terms of reference will be reviewed at least every twelve months according to the Cancer Council WA's strategic activities, services, programs and RAP actions.

Meetings

The Aboriginal Advisory Group shall meet three times a year (beginning, middle and end of year). Advice and guidance shall also be sought by email. Communication to the Aboriginal Advisory Group shall be via executive support provided by the Aboriginal Projects Coordinator and Aboriginal Programs Manager at Cancer Council WA.

Agendas

Agendas will be prepared and circulated in advance of each meeting by Cancer Council WA. Items for discussion will be proposed by the Aboriginal Advisory Group and Cancer Council WA staff.

Minutes

Minutes of meetings shall be kept by Cancer Council WA and circulated to the Aboriginal Advisory Group.

Amendment, Modification or Variation

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by the CEO on the recommendation of Cancer Council WA Executive and Aboriginal Advisory Group members.

Cancer Council WA Aboriginal Advisory Group



Expression of Interest

Please complete the details below and return to Catalina.lizama@cancerwa.asn.au

Personal details

Title:	
Surname:	
Given name(s):	
Address:	
Postcode:	
Phone (mobile):	
Email:	

Do you identify as Aboriginal and/or Torres Strait Islander? *Please check a box below*

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both
- No

What is your gender? *Please check a box below*

- Female
- Male
- Another term

Please describe why you would like to join the Cancer Council WA Aboriginal Advisory Group:

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Employment details (if applicable)

Position:	
Place of employment:	
Employer address:	
Employer phone:	

I have read the Cancer Council WA, Aboriginal Advisory Group's Terms of Reference and would like to express my interest in becoming a member of the Group.

Your name:	
Your signature:	
Date:	