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| Consultation Request Form |
| Workplace Incidents Consultative Committee  |

The Workplace Incidents Consultative Committee (WICC) is a lived experience committee established to provide advice to the Victorian Government on how to support those impacted by serious workplace injuries and deaths and make Victorian workplaces safer.

Prior to completing this form, please review the documents *WICC Principles of Consultation and Engagement* and *WICC Member Bios*. Please send the completed form to the WICC Secretariat at wiccsecretariat@dtf.vic.gov.au.

| Your details |
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| **Organisation name** |  |
| **Organisation bio / summary** |  |
| **Key contact name and title** |  |
| **Email and phone number** |  |
| **Who will be attending?** |  |
| **How long do you anticipate your consultation will require?** |  |
| **Confirmation of review**  | [ ]  I have read WICC Principles of Consultation and Engagement[ ]  I have read WICC Member Bios |

| Consultation details |
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| **1. What is the broader issue / problem your work is seeking to address?** |
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| **2. What specifically would you like to consult the WICC on?** |
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| * **3. What are the key dates / milestones of this work?**
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| * **4. What is the purpose of the consultation? (select one)**
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| [ ]  Matter for information only[ ]  Matter for advice/feedback[ ]  Matter for endorsement *\*Please note that if the WICC decides to endorse a proposal this will be confirmed with you in writing, and the WICC’s views should not be cited or quoted prior to receiving written confirmation.*[ ]  Other (please briefly specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5. If you are seeking advice or feedback, please list key questions for the WICC’s feedback** |
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| **6. What materials will you provide to support your engagement? E.g. short paper or presentation slides. Please note written materials should be provided two weeks before meeting with the WICC.** |
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| **7. Is there anything else the WICC should be aware of regarding this request?** |
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