

REDHS Consumer / Community Advisory Committee Expression of Interest Application Form



PERSONAL INFORMATION

Name:

Where do you live?:

Age:

Phone number:

Email:

EXPRESSION OF INTEREST

1. Why are you interested in joining REDHS Consumer and Community Advisory Committee?

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2. What contributions do you believe you can make to the committee?

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3. Please select as many of these statements that apply to you:

- ☐ I am able to represent the views of the communities served by REDHS rather than focusing on personal or individual issues or concerns
- ☐ I am willing to commit time to attend meetings (at least four times per year) and actively participate
- ☐ I am active in the community, with strong community networks and a sound understanding of local and regional issues. Please detail your involvement:

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- ☐ I can represent and promote the needs of those who may be disadvantaged, isolated, marginalised or have special interests, i.e. culturally and linguistically diverse, have a disability, cognitively impaired, Aboriginal and Torres Strait Islander, LGBTIQ+, and people living with mental illness. Please list (optional).

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- ☐ I have attached a copy of my CV or a brief summary of my background (optional).

Other relevant information:

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REFEREE

Please provide details of one referee we can contact to discuss your application.

Name:

Phone number:

Email:

Referee's relationship to applicant:

DECLARATION

I declare that the information provided in this application is accurate and complete to the best of my knowledge.

I understand and will comply with the obligations associated with being a Consumer/Community Representative should my application be accepted.

I understand that Community/Consumer representatives are volunteers and subject to compliance with REDHS Volunteer Code of Conduct.

Signature: Date:

Please return your completed application to:

Expression of Interest – REDHS Consumer & Community Advisory Committee
Rochester and Elmore District Health Service
PO Box 202 (1 Pascoe Street)
Rochester Vic 3561