

SESLHD Community/Consumer Member Committee Application Form



Health
South Eastern Sydney
Local Health District

Contact Details

Name:

Residential Address:

Postcode:

Postal Address:
(if different to residential)

Postcode:

Mobile phone: Daytime phone:

Email address:

Date of birth: Gender: Male Female Other
(DD/MM/YYYY)

Emergency Contact/s

① Name:

Relationship:

Mobile: Daytime phone:

② Name:

Relationship:

Mobile: Daytime phone:

If you are not an Australian citizen....

Are you a permanent resident? Yes No

If No, when does your Visa expire? *Please attach a copy of your Visa documentation*

Specific needs

It is the policy of New South Wales Health to welcome people with disabilities and to attempt to meet reasonable / appropriate requirements.

If you have a disability or other specific needs please explain what would help you to participate (eg wheelchair access, guide, interpreter, cultural requirements etc).

Referees

① Name:

Position/Title:

Mobile phone: Daytime phone:

Email address:

② Name:

Position/Title:

Mobile phone: Daytime phone:

Email address:

OPTIONAL SECTION

The following questions are designed to learn more about you so we can encourage diversity and equity on our committees. We would appreciate you answering them, however respect your wishes if you choose not to.

About you

We want Aboriginal and Torres Strait Islander people to join our committees. Are you of Aboriginal origin, Torres Strait Islander origin, or both?

✓ *Whichever is applicable*

- Aboriginal Yes
- Torres Strait Islander Yes
- Aboriginal and Torres Strait Islander Yes
- None of the above Yes

Optional Section (Continued)

Country of Birth:
Yours

Your Father's

Your Mother's

Which language do you
mainly speak at home?

Have you ever been a?

✓ Each box that applies to you

- Hospital patient or user of health services in SESLHD
- Community member with networks/interests in a particular issue
- Carer
- Hospital patient or user of health services outside of SESLHD

What is the highest level of education you have completed?

- Less than Year 12 or equivalent
- Completed Year 12 or equivalent
- Trade or technical certificate or diploma
- University degree
- Post graduate/higher degree

Do you identify as having a lived experience of a particular health issue (eg living with cancer)? Do you identify as being from part of specific cultural/social or community group (that is not already covered above)? If you feel comfortable telling us about this on this form we welcome you doing so.

Anything else you would like to tell us?

Thank you for completing this form. The information you have provided is confidential and will be kept securely by South Eastern Sydney Local Health District, in line with the Health Records and Information Privacy Act 2002 and the Privacy and Personal Information Protection Act 1998.