

### APPLICATION TO BECOME A CONSUMER / COMMUNITY REPRESENTATIVE

The information contained on this form will be kept confidential. Your application will need to be provided to the convenor and members of a selection panel for assessment and processing. These third parties will not use your personal information for anything other than the specific purpose for which you supply it.

*Please use block letters to complete this form.*

Title _____	First name _____	Surname _____
Sex : Male / Female	Date of birth _____	
Address _____		
_____		Postcode _____
Telephone : Home _____	Work _____	Mobile _____
Email _____		

**Please indicate below if one of these applies to you, or indicates your capacity to represent these sectors of our community :**

- |                                                               |                                                                           |
|---------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Youth (<25 years)                    | <input type="checkbox"/> Aboriginal or Torres Strait Islander             |
| <input type="checkbox"/> Seniors                              | <input type="checkbox"/> Culturally and linguistically diverse background |
| <input type="checkbox"/> People with an illness or disability | <input type="checkbox"/> Carer                                            |
| <input type="checkbox"/> Other _____                          |                                                                           |

**Please refer to the attached documents when completing your application form :**

- Terms of Reference for the Royal Hospital for Women Community Advisory Committee
- SESLHD Code of Conduct – volunteers are required to follow the same code of conduct as members of staff
- SESLHD Staff Code of Conduct Declaration Form

**Would you like to be placed on a register of consumer representatives to join a clinical divisional committee?**

Yes / No

**Do you have an interest in a particular area of women's health ?**

Maternity / Newborn Care / Gynaecology

**Outline your experience, in general terms, with the health system** eg as an inpatient, attending outpatients clinics, caring for someone receiving treatment

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**Describe your involvement with your community** eg member of a carer's group, parents and citizens association, non-government organization, member of a club, volunteer, support group etc

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**Outline why you are interested in becoming a member of the Royal Hospital for Women Community Advisory Committee**

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**Are you a health service provider/worker or in a role that may create a conflict of interest? If yes, please provide more details.**

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**Is there any financial assistance that you might need to enable you to carry out the requirements of a consumer representative?** eg disabled access, cost of childcare / respite care / transport, etc

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**As a consumer representative with SESLHD you will be exposed to information that is sensitive and confidential. You will be required to maintain the confidentiality of this information.**

**Are you willing to ensure confidentiality by :**

Signing a confidentiality agreement? Yes / No

Undergoing a criminal record check in NSW Health policy? Yes / No

Signature .....

Date .....

**Please return completed form to :**

Executive Unit  
Royal Hospital for Women  
Barker Street  
RANDWICK NSW 2031

Or email : [RHWCAC@health.nsw.gov.au](mailto:RHWCAC@health.nsw.gov.au)