

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

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

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

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

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

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 : joanne.east@health.nsw.gov.au