**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**

➊Name:

Relationship:

Mobile: Daytime phone:

➋Name:

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? *(DD/MM/YYYY) 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**

➊Name:

Position/Title:

Mobile phone: Daytime phone:

Email address:

➋Name:

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.*