**Community Advisory Committee Application Form**

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| Name: |  |
| Title Mr/Mrs/Miss/Ms/Mx/Dr |  |
| Residential Address |  |
| Telephone: Home |  |
| Telephone: Business |  |
| Telephone: Mobile |  |
| Email: |  |
| Country of Birth: |  |
| Date of Birth: |  |

All applicants to the Access Health and Community Advisory Committee will be selected on the following basis:

1. Capacity to reflect views of our community;
2. Links to community and /or consumer groups;
3. Able to bring knowledge of the opinions and policies of community groups to the committee.

**As part of your application, please explain ways in which you meet the above selection criteria:**

1. **Capacity to reflect views of community**

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1. **Links to community and/or consumer groups**

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1. **Ability to bring knowledge of the opinions and policies of community groups to the committee.**

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1. **I am a member of the following Community Associations/Community Interest Groups/Local Recreational or Support Groups etc:**

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1. **What would you like to see the Community Advisory Committee achieve during a term with the committee?**

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As part of your application, you should attach a brief outline (one page) of your resume.

Please add any further information that is relevant to this application.

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**Other information about you**

I need support to attend meetings and events (please let us know what you need including taxi or parking vouchers, wheelchair or other access support, dietary requirements):

I will require the services of an interpreter Yes  No

Please specify language

Please provide contact details of three referees that you are happy for us to contact in relation to your application.

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| **Referee 1 Details** | | |
| Name: | | Phone Number: |
| Community Project/ Committee Name: | | |
| Referee’s Position: | Relationship to applicant: | |

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| **Referee 2 Details** | | |
| Name: | | Phone Number: |
| Community Project/ Committee Name: | | |
| Referee’s Position: | Relationship to applicant: | |

|  |  |  |
| --- | --- | --- |
| **Referee 3 Details** | | |
| Name: | | Phone Number: |
| Community Project/ Committee Name: | | |
| Referee’s Position: | Relationship to applicant: | |

Please return the completed form to:

Post: Community Advisory Committee

Access Health and Community

283 Church Street

Richmond 3121

Telephone: 9420 9114

Email: [info@accesshc.org.au](mailto:info@accesshc.org.au)

**IMPORTANT NOTE:**

***INDIVIDUALS who are employed by or represent health service organisations are not eligible for membership to the AccessHC Community Advisory Committee.***

**REVISION HISTORY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Version** | **Review date** | **Review body** | **Authorisation** | **Effective Date** | **Next Scheduled Review** |
| **1.0** | **20/03/2018** |  | **CEO** | **20/03/2018** | **20/03/2021** |