**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: |

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| **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

**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** |