Great South Coast Community Council Membership Application

Full Name
Address
Email
Phone
Mobile
Postcode

Which position on the Community Council are you applying for?
- Health consumer
- Organisational representative
- Aboriginal and/or Torres Strait Islander
- A community member with skills aligned with identified sub regional needs such as rural health, chronic diseases, aged care or mental health

1. What has motivated you to apply for a membership position on the Western Victoria PHN Community Council?

2. Describe your experience in community and/or healthcare improvement initiatives (for example group or committee memberships, relationships and roles)

3. Provide a brief synopsis of your relevant employment and volunteer history including positions held and dates of service
4. What do you see as the key healthcare priorities in your community for patients, carers and/or consumers?

5. Please describe the value that you would add to the Community Council in terms of specific knowledge, skills and experience.

6. Which area of the Western Victoria PHN health system have you had experience in as a consumer, carer and/or patient or service provider?
   - Older people
   - People with a disability
   - Families and carers
   - People with chronic conditions
   - Mental health
   - Addiction services
   - People from culturally and linguistically diverse (CALD) populations
   - Children and youth
   - Aboriginal and/or Torres Strait Islander health
   - People with social disadvantage
   - Lesbian, gay bi-sexual transgender or intersex

7. Please declare to the best of your knowledge any conflict of interest be it personal, professional or commercial that may restrict you from participating in the activities of the Clinical Council fairly and independently.

Referees
Please provide the names and details for two referees willing to provide information on your skills and experience.

Referee 1:

Referee 2:

Please email your completed application to sue.fleming@westvicphn.com.au