**Bairnsdale Regional Health Service**

**Community Advisory Committee**

**Member application form**

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| Name: |  |
| Mailing address: |  |
| Suburb: |  |
| Postcode: |  |
| Telephone (H): |  |
| Telephone (M): |  |
| Email: |  |
| Referees (2): | (1) Name: |  |
|  | Telephone: |  |
|  | (2) Name: |  |
|  | Telephone: |  |

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| **Please tell us why you are interested in joining BRHS’s Community Advisory Committee?** |
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| **Are you currently active in the community via networks, interest groups or professional affiliations? (Please detail)** |
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| **Do you have knowledge or experience in consumer, carer or community issues? (please detail)** |
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| **Is there any other information that you would like to provide to support your application?** |
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**Key Selection Criteria**

Applicants are asked to address the following selection criteria.

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| Ability to contribute experience, specialist knowledge and expertise by providing consumer, carer and community perspectives |
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| Demonstrated ability to inform and/or influence decision making at an appropriate level. |
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| Possess a sound understanding of local and regional issues with established strong community networks. |
| Ability to reflect the perspectives of the communities served by BRHS and to bring to the community advisory committee knowledge of the opinions and policies of relevant community groups. |

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| Ability to engage positively and appropriately with staff and consumers.Ability to reflect on and represent community issues in a fair and transparent manner, being mindful that community members should not promote individual or personal concerns. |
| Ability to reflect the perspectives of the communities served by BRHS and to bring to the community advisory committee knowledge of the opinions and policies of relevant community groups. |
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