



Community Advisory Group Expression of Interest

1. APPLICANT DETAILS

Name	
Address	
Preferred Telephone Number	
Email Address	

Please note: Any information you provide in this application form will be kept strictly confidential and will be stored in a secure file. Your personal information will be used by HealthStrong for the purposes of determining whether your skills and experience are a good match for the position you are applying for. Your personal information will not be disclosed to third parties, except where required by law. HealthStrong's privacy policy is available on our website: <https://www.healthstrong.com.au/privacy-policy/>

2. QUESTIONS

Why would you like to participate as a consumer member of the Community Advisory Group?

What skills do you have that would help you in the consumer member role?

Please tick all that you believe relate to you:

- Informed of, and able to represent consumers' experiences beyond that of my own
- Active connections to consumer networks and local community groups
- Well-developed communication skills including listening, providing feedback and articulating ideas and concepts



- Capacity to distinguish what perspective you are representing where you might be a member of several different committees
- Willingness to participate in relevant training
- Ability to name and respond to any potential conflict of interest.

Would you like to tell us more about your skills?

Please give an example of work (voluntary or paid) you have done in the last twelve (12) months, to demonstrate your knowledge and understanding of representing the views of consumers (eg attended consumer consultations, met with other consumers, provided feedback, been a member of a working / support / advisory group). Please note that it is not critical that you have had experience.

Please list the areas of health that interest you:

Please list any committees, community associations, community interest groups or local recreation or support groups you are involved in:

Please provide us with any other information which may support your application:



Please return this form via email to the Chair – Terri Birger,
terri.birger@healthstrong.com.au