COMMUNITY CHAMPIONS PROGRAM

Application - LRH Community Advisory Committee

Name:	
Residential address	
Telephone: Home	_
Business	_
Mobile	_
Email:	_
Country of Birth:	
Date of Birth:	
Gender:	_
Are you of Aboriginal or Torres Strait Islander origin? Yes	No Prefer not to say

Selection criteria

Applicants for the Community Advisory Committee will be selected based on:

- capacity to reflect views of our community
- links to community and/or consumer groups
- ability to bring knowledge of the opinions or policies of community groups to the committee.

Question 1

If you have attended LRH as a patient, family member or visitor, what was the experience like?



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Question 2

What do you think healthcare services in Gippsland could do better or differently?

Question 3

Are you a member of any local community, recreational, support or social groups? If so, please list.

Question 4

Tell us how you might gather opinions, concerns or issues from the community to bring to the CAC.

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Other information about you

I need support to attend meetings
Yes No
If yes, what support do you need? (Please tick)
Transport Wheelchair, scooter or other access Large print documents
Do you have dietary requirements? (Please list)
Do you require the services of an interpreter? Yes No No

References

Please supply details of 2 referees you are happy for us to contact about your application. These can be business, community or personal referees but not family members.

REFEREE 1 NAME:		PHONE:
REFEREE 2 NAME:		PHONE:
Authorisation		
The statements in this application are true and correct.		Your signature
I consent to reference and security checks.		
If successful, I agree to operate within the boundaries of my position description and abide by Latrobe Regional Health policies and procedures.		Date

Please return application to Sharon Clements, LRH Community Participation Officer sharon.clements@lrh.com.au or PO Box 424 Traralgon VIC 3844