

Consumer and Community Advisory Committee

Thank you for your interest in being a consumer representative at South West Healthcare.

Please ensure that you:

- Complete the Consumer and Community Advisory Committee Application; and
- Enclose a CV

Information in support of your application

Please ensure that the information you provide makes your experience as a consumer representative clear.

The nomination form asks for certain information for South West Healthcare to consider when making a decision. Guidance on the sort of information to provide for each question number is provided below:

1. Your interest in the area.
2. What experiences you have had that will help you in your role as a consumer representative and/or are relevant to the work of the Committee. This includes membership of groups / committees and any previous consumer representative experience.
3. Consumer or community organisation(s) you belong to or work with that could support you as a consumer representative – for example, to give you information, talk to you about difficulties, put you in touch with other consumers.
4. Formal qualifications or training are not expected for consumer representation. However South West Healthcare is interested in knowing what other skills or perspectives you will bring to the committee.

Disclosure of information

The information you provide in your nomination form and in any attached CV or other documents may be made available to the South West Healthcare Executive and/or Board. Staff and Board members are bound by South West Healthcare's Confidentiality and Privacy Policy.

Approval Process

Appointment to the Consumer and Community Advisory Committee is the responsibility of the Board of Directors and will involve an interview process.

Unsuccessful nominees

If you are unsuccessful, you will be advised and your nomination will be kept on the expressions of interest file for that committee. You can still register as a Volunteer, so we encourage you to contact the Volunteer Coordinator to see what other opportunities may be suitable.

Successful nominees

If you are successful, your nomination form and CV will be kept with the Volunteer Coordinator and on the confidential file related to the Committee you have been selected for. In addition, your name and contact details will be forwarded to the Committee Chair, with a brief statement in support of your nomination based on information provided in your nomination form and CV. In some cases, your CV will also be sent to the Committee Chair. The Volunteer Coordinator will use the information provided to contact you to complete the Volunteer registration.

Your name, telephone number and email address will be added to the Committee Contact List for distribution to, and use by, all Committee members. If you do not consent for the sharing of your information in this manner, please advise the Committee Chair.

South West Healthcare recommends that you consider the information you provide on the application so that you do not provide sensitive personal information.

A small amount of detail, including your name and the Committee, will be published in South West Healthcare internal newsletters and publications to build awareness among staff about our consumer work.

If you would like any assistance in preparing your nomination please contact the Manager Consumer Experience on 5563 1638 or CCAC@swh.net.au.

South West Healthcare Consumer and Community Advisory Committee Application

Personal Details:

First Name:

Last Name:

Street Address:

City:

Post Code:

Mailing Address:

(if different from above)

Phone Number(s):

Email:

Preferred contact method:

Mail

Email

Phone

Do you speak any languages, other than English?

No

Yes

If yes, language(s): _____

Which is your age range:
(please tick)

16 – 18 years

46 – 55 years

18 – 25 years

56 – 65 years

26 – 35 years

66 – 75 years

36 – 45 years

> 75 years

Are you currently representing, or have you previously represented, the community as a consumer representative at a health service?

No

Yes

Please list any community activities you may be involved in. (for example, Rotary, Lions Club, social groups, church groups, etc)

What support will you need from South West Healthcare to be effective as a consumer representative?

Large Printed Materials

Wheelchair accessible vehicles

Interpreters

Dietary

Other: _____

South West Healthcare Consumer Representative Nomination Form

Committee Name: Consumer and Community Advisory Committee

If unsure, please mark your areas of interest:

- Looking at consumer complaints and compliments, checking any patterns, suggesting improvements and seeing what makes a difference
- Telling your story – for the training of staff, orientation and/or getting the consumer perspective across. This can be made anonymous, if you prefer.
- Mentoring and/or assisting other consumers with information / lived experience or navigating the health care system
- Reviewing written information for consumers
- Assist in the design / redesign of services
- Assist in the design / redesign of facilities and/or buildings
- Be a consumer representative on a formal Committee
 - Clinical focus
 - Non-clinical focus
- Be a consumer representative on a more informal committee or working group
- Other: please provide further detail

Health services of interest:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aged care | <input type="checkbox"/> Cultural Diversity | <input type="checkbox"/> Maternity Services |
| <input type="checkbox"/> Allied Health Services | <input type="checkbox"/> Disability Services | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Health Promotion Initiatives | <input type="checkbox"/> Paediatric Services |
| <input type="checkbox"/> Consumer and/or Carer issues | <input type="checkbox"/> Health Research | <input type="checkbox"/> Other: |

Availability:

- Once / one off
- Two to eleven times per year
- Quarterly
- Monthly

Best times of the:

Day: (times or morning/afternoon, after hours) _____

Week: (days of the week) _____

Year: (if relevant 'not July to August when we go away') _____

What is your connection to South West Healthcare?

- | | |
|---|--|
| <input type="checkbox"/> I am a patient / consumer | <input type="checkbox"/> I am a relative of a patient / consumer |
| <input type="checkbox"/> I am a carer | <input type="checkbox"/> I am a local community member |
| <input type="checkbox"/> I am a past patient / consumer | |

