**Clinical Senate of Western Australia**

**Expression of Interest Membership Application Form**

**Closing Date: 12 July 2024**

**How to Apply**

Please email your application addressing the following selection criteria:

1. What are the key challenges you see in the health system that need support?
2. What experience do you have in working with clinicians and/or contributing to healthcare innovation, improvement or reform processes?
3. How will you manage the responsibilities of participating in the Western Australian Clinical Senate?

Please provide the names and contact details of two people who can provide a reference in relation to my experience as a consumer representative.

Attach a brief Curriculum Vitae (3 pages maximum)

*Applicant name (print):*

*Date:*

Please email your application by Close of Business **Friday 12 July 2024**

ClinicalSenate@health.wa.gov.au

**Application checklist**:

[ ]  I have read the proposed Terms of Reference for the WA Clinical Senate and the Roles and Responsibilities documents.

[ ]  I have completed the questions above (sections A-C).

[ ]  I have attached my brief curriculum vitae.

[ ]  I have provided details of two people who can provide a reference in relation to my experience as a consumer representative

**Contact**

For all enquiries regarding the appointment process, please contact:

Ms Sasha Rademakers, Program Manager - Clinical Senate, Clinical Senate of WA,
Department of Health

Email: clinicalsenate@health.wa.gov.au