



CONSUMER ADVISORY COMMITTEE (CAC) APPLICATION FORM

Name	
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Address	
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Email	
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Phone	
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Site / role options	Are you applying to; Only Royal Perth Hospital (RPH) CAC, Only Bentley Health Service (BHS) CAC, Either RPH OR BHS As a volunteer for publication review and /or focus groups	RPH BHS Either Volunteer
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1. In what capacity are you nominating?

Health consumer	A person who directly or through family/friend uses public hospital services in the catchment area.	Y/ N
Community member	A person who represents a community perspective, eg; aged, parent, youth, Aboriginal, disability, multicultural, mental health.	Y/ N
Service provider	A person who represents a health, aged or carer service in the community.	Y/ N
Conflict of interest	I may have a potential conflict of interest that would affect my ability to be an independent member of the Committee and act in the best interests of the community. Note: a conflict of interest is a situation that arises where your ability to perform your impartial duties on the Committee could be impacted by your private, commercial or personal interests.	Y/N
	If yes, please provide details below:	



Please address each the following selection criteria in a brief statement:

2. Please tell us about your background and detail if you have previously participated in a community forums, advisory councils, committee or groups.

3. Please tell us why you want to be on this Committee. What will your background, interests or experience offer to the Committee or health service?

4. Please provide the names and contact details of two referees. We will only contact them if you are shortlisted.

Referee 1:

Referee 2:

Please return the form to email RPBG.Feedback@health.wa.gov.au or mail Consumer Engagement Unit Manager Box X2213 GPO Perth WA 6847

Note * Completing this form is optional you can also apply by submitting a letter and a recent CV to the same address. However the topics listed here can be used as a guide for any application letter.