



Royal Perth Bentley Group Consumer Representative Application Form

Please note, not all fields are mandatory, however please be sure to complete those marked with an asterix (*)

*Name	
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Address	
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*Email	
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*Phone	
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Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to state <input type="checkbox"/> Other (please list):
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Birth year	
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Occupation	
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Country of Birth	
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Languages spoken	
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*Role options	<input type="checkbox"/> Royal Perth Bentley Group Consumer Advisory Committee <input type="checkbox"/> Consumer Representative Pool <input type="checkbox"/> Lived Experience Group (Mental Health specific) <input type="checkbox"/> Any of the above
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I do not have potential conflict of interest that would affect my ability to be an independent member of the Committee and will 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.

*Signature	
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*Date	
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Please address each the following selection criterion in a brief statement:

1. Please tell us about your background and/or your experience with the Royal Perth Bentley Group or other health services (including where possible specialties utilised) and what you can bring to the role of consumer representative.

2. We would love to get to know you, what interests you in becoming a consumer representative?



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

Referee 1:

Referee 2:

Please complete this form and submit by email or post to:

Email RPBG.Feedback@health.wa.gov.au

Post **Att: Manager Patient Experience**
RPBG Consumer Engagement Unit
Box X2213 GPO
Perth WA 6847