



Consumer Advisor Application

Consumer Details	
First Name:	
Family Name:	
Address:	
Suburb:	
Postcode:	
Email:	
Home phone:	Mobile:
Date of Birth (dd/mm/yyyy):	Gender:
	<input type="checkbox"/> Female
	<input type="checkbox"/> Male
	<input type="checkbox"/> Non-Binary
	<input type="checkbox"/> (fill in blank)
	<input type="checkbox"/> Prefer not to say
Country of Birth:	
Language(s) Spoken:	
Are you aware of any health conditions which may prevent you from performing the role?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please tell more:	
Do you have any requirements to assist you in performing the role?	
<input type="checkbox"/> Wheelchair access	
<input type="checkbox"/> Large print documents	
<input type="checkbox"/> Car parking	
<input type="checkbox"/> Child care	
<input type="checkbox"/> Transport	
<input type="checkbox"/> Other - please tell us more:	
.....	

Emergency Contacts

1. Name:	Relationship (e.g. spouse, sister, friend):
Contact Phone/Mobile:	
2. Name:	Relationship:
Contact Phone/Mobile:	

2. The following information will assist in the planning and provision of appropriate and improved health care and services:

Are you of Aboriginal and/or Torres Strait Islander origin?

- Yes No

If yes, please tell us more:

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- I prefer not to answer this question

3. Have you had any experiences with Western Health (please tick as appropriate):

- as a patient?
- as a carer for a patient?
- in other ways?
Please tell us more:.....

4. Please outline what has motivated you to apply to be a Consumer Advisor at Western Health:

5. Please list any previous experience in working groups or committees:

6. Please list any other relevant Qualifications / Studies / Hobbies / Interests:

7. Where did you find out about Western Health’s Consumer Advisor roles?

- Social media
- Received a Western Health email
- Western Health website
- Through family/friends, another consumer or Western Health staff member
- Other – please tell us more:

8. Please indicate what areas you may be interested in. Indicate as many as you like.

- Health Literacy
- Disability
- LGBTI
- Youth
- Aged Care
- Carers
- Community Engagement
- Governance
- Review of documents and publications
- Co-Design Projects
- Education
- Other – please tell us more:

9. References

Please provide details of 2 referees (who are not family members or friends) whom we may contact to comment on your ability to carry out the Consumer Advisor role.

Referees	
1. Name:	Relationship (e.g. work manager):
Email:	Mobile:
2. Name:	Relationship:
Email:	Mobile:

10. Police Check and Working with Children Check

It is a requirement of Western Health that all applicants over the age of 18 undergo a National Police Records Check. Are you able to provide relevant identification documents to support this? (for example: passport, drivers licence, Medicare Card

Yes No

If no, please tell us why: (we may be able to offer some options)

.....
.....

Please Note:

- Police Record Check costs will be paid by Western Health
- Working With Children Checks (free for volunteers) are done online at www.workingwithchildren.vic.gov.au

11. Declaration

Please read the declaration and ensure you understand it before signing.

Declaration	
<p>I hereby:</p> <ul style="list-style-type: none"> • verify that the statements above are true and correct. • consent to being subject to reference and security checks. • agree to become a Consumer Advisor and operate within the boundaries of my position description and abide by all relevant Western Health policies and procedures. 	
<p>Name:</p>	
<p>Signature:</p>	<p>Date:</p>

12. Submitting the Form

Once completed, please submit this form in one of the following ways:

Email: consumers@wh.org.au

OR

Mail:

Jo Spence
Sunshine Hospital (Rear Portables)
176 Furlong Road
St Albans 3020

13. Further Information and Assistance

If you would like assistance or prefer to complete this form **over the phone**, please contact **Jo Spence** on **0481 917 695**.