Consumer Representative Role Application Form

To be considered for a consumer, carer or community member position in Women’s and Newborn Services RBWH, please complete this form. Applications close by **31st July 2020.**

Please email the completed form to WNS-RBWH@health.qld.gov.au

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| **Personal Details** |
| Given Name: | Surname: |
| Address:Postcode: |  |
| Phone Number:Mobile: | Email: |
| Organisation (if any): |
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| **Other needs and requirements** |
| I will require support to attend meetings (please highlight) | Yes / No |
| I*f yes, please provide details and indicate other support that you require, for example, assistance with child care, disability support worker, interpreter etc.*  |

**Area/s of interest:** (Underline at least one area of interest below)

**1. Maternity - Specialty health care related to pregnancy, birth and afterwards**

**2. Gynaecology - Specialty health care related to women’s health**

**3. Neonatology - Specialty health care related to newborn babies**

Please outline how you meet each of the desirable attributes in the space provided below.

**Important characteristics**

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| 1. Experience as a patient/consumer or carer in the area of women’s and newborns health and understanding that consumers have diverse needs.
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| 1. Ability to represent the views of a range of consumers.
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| 1. Ability to articulate a consumer perspective and respect and appreciate different perspectives expressed within a Committee.
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| 1. Commitment to positive patient experiences and the delivery of safe, high quality, health services by Metro North Hospital and Health Service.
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| 1. Some knowledge and understanding about the health system.
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**Memberships to other organisations**

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| Consumer health organisation/s:  |
| Professional or academic bodies: |
| Advocacy or rights-based organisations:  |
| Human or community service or welfare organisations: |
| Hospital and health service board or health advisory groups |
| Other (specify) |