| Queensland Aboriginal and Torres Strait Islander Clinical NetworkConsumer/Community Member Application |  |
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**General network membership purpose**

The role of the general network is to:

• Provide broad multidisciplinary clinician and consumer/community sharing of information into relevant culturally safe policy or clinical advice on issues being considered by the Steering Committee

• Contribute to the scope of the network activities and priorities

• Review and provide feedback on draft resources and outputs developed by the network

• Receive information and updates and spread network related information to their own networks/organisations.

• Support for culturally safe policy outcomes with a genuine interest in the plans and outcomes that are developed.

**Who can join?**

Membership of the general network will be multidisciplinary and include representation from medical, nursing, midwifery, allied health, community health, primary care, Aboriginal and Torres Strait Islander community-controlled health sector, consumers/community and non-government organization(s) from across the state. As an Aboriginal and Torres Strait Islander Network the general network membership would aim to have **50%** identified members.

Membership and communication are also open to other interested groups, including professional colleges/associations/societies, academic and educational bodies. Membership of the network is voluntary and open to all individuals and groups that express interest in joining.

**How often do they meet?**

The general network will meet at least annually. Meetings will be face to face or virtual.

**Do I get paid to attend?**

Consumers will be reimbursed for their time at the meeting as per details below:

* $187 for meetings 4 hours and under (including pre-reading and travel time)
* $374 per meeting over 4 hours (including pre-reading and travel time)
* $40 per hour for consumers engaged in less formal ways, for example, focus groups, reviewing patient information brochures.

Consumers may also be reimbursed any travel or parking expense (if applicable) with an original receipt and tax invoice raised.

Please submit your Expressions of Interest to QueenslandAboriginalandTorresStraitIslanderClinicalNetwork@health.qld.gov.au by Close of Business Friday 16th July 2021.

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| Title: | Given Name: | Surname: |
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| Preferred name: | Your preferred email and postal address/s: |
|  |  |
| Current position/role: | Current place(s) of work: |
|  |  |
| Mobile number: | Do you identify as: | Date of application: |
|  | [ ]  Aboriginal [ ]  Torres Strait Islander  [ ]  South Sea Islander  [ ]  Other………………… | [ ]  No |  |
| Age range: 16-24 25-29 30-39 40-49 50-59 60-69 70+ |
| Please tell us of any connections you have to your community (groups etc) and why you are interested in joining the network: |
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| I live in the following geographical type: |
| [ ]  Metro | [ ]  Regional | [ ]  Rural / Remote |
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| I represent the following community sectors: |
| [ ]  Community Organisation | [ ]  Community Member | [ ]  Elder [ ]  Other |

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| I would like to join the Aboriginal and Torres Strait Islander Clinical network: (Please indicate- you may select more than one) |
|  [ ]  Steering Committee [ ]  General Membership  |
| I would like to be interested in joining other Statewide Networks: (Please indicate) |
|  [ ]  Steering Committee [ ]  General Membership [ ]  Working Group [ ]  Queensland Clinical Senate |
| Dietary Requirements (for Network meetings): | Other Requirements (e.g. hearing / vision / mobility impairment, etc.): |
|  |  |
| Do you consent to photos or videos of you captured at Network events being utilised in relevant documentation? |
| [ ]  Yes | [ ]  No |
| Please submit this form to QueenslandAboriginalandTorresStraitIslanderClinicalNetwork@health.qld.gov.au |