**Community & Consumer Advisory Committee**

**Expression of Interest Form**

Please refer to the *Community & Consumer Advisory Committee* informationthat provides background information about the Committee. Complete the Expression of Interest Form below, and submit the form to Community & Consumer Advisory Committee via email: katherinep@nrch.com.au. **Applications close 5 pm on Monday 26 July 2021**.

**About You\***

|  |  |  |
| --- | --- | --- |
| Name  | First Name: | Last Name: |
| Address |  Postcode:  |
| Postal Address(if different to above) |   Postcode:  |
| Preferred telephone | Home | Mobile  |
| Email |  |
| Your Date of Birth |  |
| Do you or have in the past used NRCH services? |  |
| Why would you like to be on the Your Community Health Community & Consumer Advisory Committee? |
| What is your connection to North Richmond Community Health? |
| How are you a part of, or involved in, the community?  |
| Please let us know your background or experience you would bring to the North Richmond Community Health Community & Consumer Advisory Committee. |
| How or where did you hear about the Community & Consumer Advisory Committee? Please tick as many as relevant.* NRCH newsletter
* NRCH website
* Flyer/notice (Where did you see this?)

……………………………………………………………………………………………….* NRCH staff member (name of staff)

……………………………………………………………………………………………….* Community organisation (name of organisation)

....................................................................................................................................* Other............................................................................................................................
 |
| Signed |   |
| Date |  |

**\****The information you provide in this form will be used by North Richmond Community Health for the appointment of the Community & Consumer Advisory Committee members. Your information will be stored securely and staff will treat your information confidentially. Your privacy is also protected.*