**EXPRESSION OF INTEREST**

***Regional Community Engagement Group***

***Contact Information***

***Title Mr* □ *Mrs* □ *Ms* □ *Miss* □ *Dr* □ *Prof* □ *Other* □**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Surname*** |  | ***Given Name/s*** |  |
|  |  |  |  |
| ***Residential Address*** |  | ***Email*** |  |
|  |  |  |  |
| ***Postal Address*** |  | ***Phone (home, mobile)*** |  |

* I identify as an Aboriginal and /or Torres Strait Islander Language group:

Do you need an interpreter? YES / NO

***Information about you***

***Age Range 18-24* □ *25-39* □ *40-54* □ *55-69* □ *70+* □**

* I am/have been a consumer in the NT health system (e.g. I have been a patient in a NT public hospital or have accessed community or other NT health services)
* I am / have been a carer of an NT consumer
* I am a current or past health care professional
* I am a member or employee of a human service / community service / welfare organisation
* I am a member or employee of an advocacy or rights-based organisation
* I am an employee of a government agency (local/state/national)
* I am a statutory officer (e.g. Public Guardian )
* I am a person with a disability / chronic health condition
* I am from a culturally and/or linguistically diverse background.

*Please provide relevant details related to any of the above statements.*

Are you a member of any community networks or groups? (i.e. support groups, interest groups, leisure clubs etc) **Yes** **□** **No** **□**

***details***:

* I have experience as a consumer or community representative.

***details***:

* I have participated in and contributed to, community or government committees, boards, advisory/reference groups or forums.

***details***:

***What health related areas are of interest to you?***

***Other information***

Please include other information which you consider relevant to your application and/or attach a short resume which includes your education and employment (paid and unpaid) history.

**Names and contact details of two referees.**

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Thank you for completing this Expression of Interest for participation in Top End Health Service Regional Community Engagement Groups. Please return this form via email to: TopEndHAC.TEHS@nt.gov.au / mail to: Attention: *Secretariat, Top End Health Service Health Advisory Committee*, PO Box 41326 Casuarina NT 0811.

If you are successful, you will be asked to provide a Working with Children clearance and Criminal History Check. You will also be required to sign a Confidentiality Agreement.