



# RPA Women and Babies Canterbury Hospital Antenatal Shared Care Program GP Representative

February 2017



Health  
Sydney  
Local Health District



**phn**  
CENTRAL AND  
EASTERN SYDNEY  
An Australian Government Initiative

## GP REPRESENTATIVE MEMBERSHIP APPLICATION

Please note:

Potential candidates are encouraged to read the *Terms of Reference (ToR) - ANSC Program Advisory Group* to familiarise themselves with Program Advisory Group function. Candidates should demonstrate their capacity to meet the selection criteria through completing this application form.

### Application Form

<b>Name</b>			
<b>Current Practice</b>			
<b>Practice Address</b>		<b>Phone</b>	
<b>Email</b>		<b>Fax</b>	
<b>Why you are interested in joining the Antenatal Shared Care Program Advisory Committee?</b>			

**Which of your personal knowledge, skills and attributes are relevant to this role?**

**What do you think are the most important aspects in ensuring the success of the Antenatal Shared Care Program?**

**Are you currently affiliated with the RPA Women and Babies/Canterbury Hospital ANSC Program?**

Yes  No

**If yes, for how many years and/or months?**

**Do you currently manage patients under this model of care?**

Yes  No

**Have you previously been involved in a hospital committee (including Antenatal Shared Care) in an advisory capacity?**

Yes  No

**If yes, for how many years and/or months?**

**Have you previously completed or are in the process of completing any post graduate qualifications (such as Diploma in Obstetrics)?**

Yes  No

**If yes, please state the name of qualification**

**Please detail any potential conflicts of interest that may impact on your appointment or performance as a GP Representative.**

**Please include details of a clinical referee below.**

Referee name	Referee phone

Referee email

I declare that the above is true and correct and that I have not knowingly provided false or misleading information. I acknowledge that I have read the CESP HN Representation policy and Code of conduct and accept that any successful appointment will be under the terms and conditions of these policies and requirements.

<b>Signature</b>	
<b>Print Name</b>	
<b>Date</b>	

Thank you for your application

Please attach a brief Curriculum Vitae (maximum 3 pages) and submit with your application form to Karen Wheeler ([k.wheeler@cesphn.com.au](mailto:k.wheeler@cesphn.com.au)) by **XXXXXXXX 2017**

