

**Personal information**

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|--|--|-----|----|
| <b>Title</b>   |  |     |    |
| <b>First name</b>  |  |     |    |
| <b>Last name</b>   |  |     |    |
| <b>Mobile</b>  |  |     |    |
| <b>Email address</b>   |  |     |    |
| <b>Postal address</b>  |  |     |    |
| <b>Occupation</b>  |  |     |    |
| <b>Employer</b>  |  |     |    |
| <b>Business address</b>  |  |     |    |
| <b>Which GP network do you belong to?</b>                        | Central Sydney GP Network<br>General Practice Eastern Sydney<br>GP Crew<br>St George Division of General Practice<br>Sutherland Division of General Practice |     |    |
| <b>Do you identify as being any of the following? (optional)</b> | <i>Aboriginal or Torres Strait Islander</i>  | Yes | No |
|  | <i>Culturally and linguistically diverse background</i>  | Yes | No |

**Interest and experience:** Please keep your response to a maximum of two pages.

**Please list the Council/Committee you are interested in joining**

**Why does being on this Council/ Committee interest you?**

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**Please describe your background, including qualifications and experience relevant to this Council/Committee.**

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**Outline some of the critical issues you think the Council/Committee should be addressing.**

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**Please provide the name and contact details for a referee:**

**Please download and save the form to your desktop, then fill it out and email it back to Sue Moxon at [s.moxen@cesphn.com.au](mailto:s.moxen@cesphn.com.au)**

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**Thank you for your application**

