

EXPRESSION OF INTEREST



Personal information			
Title			
First name			
Last name			
Mobile			
Email address			
Postal address			
Occupation			
Employer			
Would you be representing your employer?			
Business address			
Which member organisation do you belong to?	Central and Eastern Sydney Allied Health Network <input type="checkbox"/> Central Sydney GP Network <input type="checkbox"/> General Practice Eastern Sydney <input type="checkbox"/> GP Crew <input type="checkbox"/> St George Division of General Practice <input type="checkbox"/> Sutherland Division of General Practice <input type="checkbox"/> Sydney Health Community Network <input type="checkbox"/> None of the above		
Do you identify as being any of the following? (optional)	<i>Aboriginal or Torres Strait Islander</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>Culturally and linguistically diverse background</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your age range?	18-30 <input type="checkbox"/> 31-64 <input type="checkbox"/> 65+ <input type="checkbox"/>		
Will you be claiming remuneration? See Representation Policy	Yes <input type="checkbox"/>		No <input type="checkbox"/>

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

Please identify the Council you are interested in joining

- Community Council (5 meetings per year on a Wednesday 4.30pm to 6.30pm)
- Clinical Council (5 meetings per year on a Monday 7pm to 9pm)

Why does being on this Council interest you?

Please describe your background, including qualifications and experience relevant to this Council (and attach a copy of your CV).

Outline some of the critical issues you think the Council should be addressing

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 together with your CV and your Declaration of Interest to Nathalie Hansen n.hansen@cesphn.com.au by 22 November 2019

Thank you for your application