



Application Form Consumer Representative

WA Sexual Health and Blood-borne Viruses Advisory Committee (WA SHaBBVAC)

The details requested will help ensure the committee is comprised of a diverse pool of consumer representatives. The information you provide below is confidential and will only be used for the purpose of nomination to a consumer representative position and will not be distributed further without prior permission.

Please submit your completed form by 4pm, Friday 20 September, 2019

I have read and understood the requirements of the role as outlined in the Expression of Interest form.

Yes

Personal details

Title: _____ **Name:** _____
(Mr, Mrs, Ms etc)

Address: _____

Phone number: _____ **Email address:** _____

Age group: less than 18 years old 18 – 25 26 – 40 41 – 60 60+

Gender: Male Female Other

Employment status: Employed Self-employed Retired Unemployed

Name of employer (optional): _____

Do you identify as? (Mark all that apply to you):

- Aboriginal and/or Torres Strait Islander CaLD (Culturally and Linguistically Diverse)
 Lesbian, Gay, Bisexual, Transgender, Intersex, or other gender and sexually diverse people

Do you have any disability/impairment support requirements we should be aware of?

e.g. TTY, Visual aids? _____

Are you affiliated with other consumer groups?

Yes No (please specify) _____

Please note that submitting an Expression of Interest does not automatically mean you will be selected. The final decision rests with the Chief Health Officer. If unsuccessful on this occasion, would you like the Committee to keep your details on record for similar opportunities in the future? Your personal details will be kept for a maximum of 12 months Yes No

Selection Criteria

1. In which area/s do you have a lived experience either as a consumer or carer?

(Mark all that apply to you)

- HIV
- Viral Hepatitis
- Sexually Transmitted Infection

Comments: (optional)

2. Why would you like to join the WA SHaBBVAC?

3. What skills and experiences would you bring to the WA SHaBBVAC? Tell us here about your involvement with other consumer groups, networks or committees, either formal or informal.

4. Please provide the name and contact details of two referees

Name:

Name:

Mobile/ Phone:

Mobile/ Phone:

Email:

Email:

You may also submit a resume if you wish.

Application closing date: 4pm, Friday 20 September, 2019

Email: paramjit.kaur@health.wa.gov.au

Post: Paramjit Kaur

WA SHaBBVAC Secretariat

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