

Title	
Last name	
First name	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Employer	Suburb:
Is your place of employment located in the EMPHN catchment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postal Address	
Contact Number	
Email	
ABN number (if applicable)	
Registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as the following:	<input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Culturally and Linguistically diverse background
Applicant knowledge of health issues and needs from the following perspectives: (please tick as many as relevant)	<input type="checkbox"/> Aboriginal and Torres Strait Islander people <input type="checkbox"/> Culturally and Linguistically Diverse (CALD) populations <input type="checkbox"/> LGBTQI people <input type="checkbox"/> Older people <input type="checkbox"/> Homeless people <input type="checkbox"/> Young people or children <input type="checkbox"/> People with chronic health condition <input type="checkbox"/> People with mental illness <input type="checkbox"/> People with disability <input type="checkbox"/> People with alcohol or other drugs addiction <input type="checkbox"/> Families and carers
<p>Please attach your resume with this form <input type="checkbox"/></p>	

Please note: Answers to questions over the page will be assessed against the **key skills and attributes** required for members of the Community Advisory Committee, outlined on the **Expression of Interest Cover Page** and consistent with the **Terms of Reference**.

Please provide evidence of your ability to think strategically and participate effectively on a Board / Clinical Council.

Please show how you identify and communicate issues from a clinical perspective.

Please describe your network of local community groups or organisations that you can communicate and consult with.

Please highlight your clinical areas of focus and demonstrate your experience and ability to advise on these core focus areas.

By submitting this application, I understand that confidentiality may be required as a Clinical Council member.

For further details, please contact Maryanne Borg, Senior Administrator, Eastern Melbourne PHN on (03) 9046 0358.

Please submit your **application** and **resume** to maryanne.borg@emphn.org.au

Application closing date: Thursday, 14 December 2017