**Consumer Advisory Council (CAC)**

**Expression of Interest (EoI)**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **Date** |  |

***Please aim to provide approximately 100-200 words per question***

1. **Why would you like to join the CAC?**
2. **Which areas of health or the health system are you interested in?**
3. **What skills would you bring to the CAC?**
4. **Please describe your experience as a consumer or carer.**

In general CAC members would have an interest in the services provided by FSFHG, either as a consumer or potential consumer living within the FSFHG catchment area. CAC membership should reflect the diversity of the local community and hospital catchment. These questions, although not compulsory, provide us with important information on the diversity of our consumer representatives.

|  |  |  |  |
| --- | --- | --- | --- |
| What is your gender? | Female | Male | Other |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is your age group? | under 20 | 20-29 | 30-39 | 40-49 | 50-59 |
|  | 60-69 | 70-79 | 80 or over |

|  |  |
| --- | --- |
| In which country were you born? |  |

|  |  |  |
| --- | --- | --- |
| Do you speak a language other than English at home?  | No | Yes (please specify) |

|  |  |  |
| --- | --- | --- |
| Do you identify with any ethnicity?  | No | Yes (please specify) |

|  |  |  |
| --- | --- | --- |
| Do you identify with any religion?  | No | Yes (please specify) |

|  |  |  |
| --- | --- | --- |
| Do you have an ongoing disability?  | No | Yes (please specify) |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have healthcare experience as a | consumer | carer | family member  |

|  |  |  |
| --- | --- | --- |
| Are you affiliated with other consumer groups?  | No | Yes (please specify) |

**The CAC currently meets on the first Thursday of the month, alternating between morning and afternoon, and between the Fiona Stanley Hospital and Fremantle Hospital sites. Ideally, we require at least a three-year commitment from members. There are also other hospital committees which CAC members may join from time to time.**

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

**You may also provide a resume if you wish.**

You can return this form by:

* Post: Patient and Family Liaison Service, Locked Bag 100 Palmyra DC WA 6961
* Email: FSFHGCAC@health.wa.gov.au

Enquiries to Patient and Family Liaison, phone 6152 4013.