

Consumer Expression of Interest to join a LCLHN Committee

You may have a carer, family member, or friend to help you complete this form, or ask staff for assistance.

Name:
Address:
Telephone number:
Email address:

I prefer to receive communication by: Email Telephone Post

Do you require interpreter services? Yes No

Please note: Any information you provide in this application form will be kept strictly confidential and will be stored in a secure file. Your personal information will be used by the relevant SA Health staff for the purposes of determining whether your skills and experience are a good match for the position you are applying for. Your personal information will not be disclosed to third parties, except where required by law. The [SA Health Code of Fair Information Practice](#) is available at www.sahealth.sa.gov.au on the About Us / Publications and Resources / Policies and Guidelines webpage.

Name of committee you are interested in joining:
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Why would you like to participate as a consumer member on the LCLHN Committee?
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What skills do you have that would help you in this consumer member role?
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Please provide us with any other supporting information:
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Please return this form by post to: Community Network – Safety and Quality
PO Box 267, Mount Gambier, SA, 5290
Or via email to: Health.LCLHNQualityRiskandSafetyTeam@sa.gov.au

For more information

Limestone Coast Local Health Network
Quality, Risk & Safety Team
Telephone: 08 8724 5217
Email: Health.LCLHNQualityRiskandSafetyTeam@sa.gov.au
sahealth.sa.gov.au/limestonecoastlhn

 Follow us at: facebook.com/LimestoneCoastLHN

