The Northern Adelaide Local Health Network Consumer Advisory Council invites people from the community in the northern region and special interest groups to contribute and participate in the safety and quality of NALHN services.

NALHN welcomes your application to be a member of the Consumer Advisory Council.

Personal Details
Surname: ___________________________ First Name: ___________________________
Date of Birth: ___________________________
Address: ________________________________________________________________
________________________________________________________________________
Telephone: (Home) ___________________________ (Mobile): _______________________
Email: ________________________________________________________________
Identity:
☐ Culturally and Linguistically Diverse (CALD)____________________________________

☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander
Other: ___________________________

Language and Cultural connections
☐ Ngarrindjeri ☐ Kaurna ☐ Narungga ☐ Pitjantjatjara
☐ Adnyamathanha ☐ Kokatha ☐ Barngarla ☐ Ngadjuri

Other: ________________________________________________________________

Preferred method of communication: ☐ Email ☐ Text ☐ Telephone ☐ Post
Preferred time of day you are available: ☐ Morning ☐ Afternoon

November 2018
Your Experience and Interest

Please use these sections to tell us about your current and previous experience relevant to your area of interest and membership on the Consumer Advisory Council.

Committees/Forums/Memberships/Groups

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Employment and Qualifications

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Lived Experience

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Any other comments

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Name and contact of Referee

Surname: __________________________  First Name: __________________________

Telephone: (Home) __________________________  (Mobile): __________________________

Relationship to Applicant: ________________________________________________________
Consent

By signing this membership for you are providing:

Consent to maintain your personal information in a confidential file for the purpose of:

- Sharing information with you, and
- Offering opportunities to you by invitation to participate in NALHN consumer and community engagement activities based on the information you have provided on this form about your interests.

Your valuable representation seeks to improve health outcomes for people and the northern region communities, families and individuals and will help create stronger relationships between community and SA Health services.

Your details will not be shared with any third parties and you will only receive contact as per the responses you have provided on this form.

If you are under 18 years old this form must be signed by your parent/caregiver.

Full Name: ____________________________ (PLEASE PRINT)

Signature: ____________________________ Date: ____________

If you require any assistance completing this form please contact the Consumer and Administration Officer, details below.

Please forward completed form to:

Consumer and Administration Officer
NALHNCAS@sa.gov.au
1300 013 988

Or Post:
30 Gawler Street
SALISBURY 5108