



SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

Community Representatives Network

Expression of Interest

There are a number of community members, consumers and carers involved in a number of community participation processes in the South Western Sydney Area Health Service (SWSAHS). Their records are kept on a register at the Office of the Area Manager, Community Participation and with the local health sector participation co-ordinator.

The Community Participation Office brings together community members, consumers and carers with different interests, experiences and expertise, to participate in the decision making processes in SWSAHS.

The Register of Community Representatives will be used to keep community members, consumers and carers up to date on health service activities and to invite them to participate in a range of health service processes.

If you would like to register your interest in being involved with the South Western Sydney Area Health Service, then please complete the following form and return it to:

Area Manager, Community Participation
South Western Sydney Area Health Service
Ingleburn Community Health Centre
59A Cumberland Road
INGLEBURN NSW 2565

If you have any questions or concerns about the register or the Community Representatives Network, please contact Alice Wood, Area Manager, Community Participation on 96058900 or 98285778 or email:

cpm@swsahs.nsw.gov.au

The information provided in this form will be kept on file at the offices of the Area Manager, Community Participation and local participation coordinator and will be kept confidential.

1. CONTACT DETAILS

Mr/Miss/Ms/Mrs Surname: _____

First Name: _____ Date of Birth: _____

Address: _____

Phone (Home): _____ Phone (Work): _____

Mobile: _____ Email: _____

When in the best time to contact you: Day _____ Time _____

2. SKILLS AND INTERESTS

Do you speak any languages other than English? Yes/No

If yes, language(s): _____

What are your skills and interests? Please note, you can tick more than one of the following:

<input type="checkbox"/>	Being a Community Representative on Health Committees
<input type="checkbox"/>	Writing or giving feedback on policies and other documents
<input type="checkbox"/>	Administration
<input type="checkbox"/>	Giving presentations and providing training
<input type="checkbox"/>	Representing the Community Representative Network at meetings, forums and conferences
<input type="checkbox"/>	Representing the Community Representative Network at community events (eg Stalls, festivals, etc)
<input type="checkbox"/>	Lobbying and activism

Other skills and interests (Please provide as many details as possible).

What are your areas of interest in health? (eg. Health promotion, diabetes, mental health, youth, etc).

Are you currently representing or have you represented the community in any health processes? Yes/No

If yes, please provide details (please write over the page if you need more room)

Period	Committee/process	Name of Health Service

Please list any community activities you are involved in that would support your role as a community representative:

Please provide any other information regarding your skills, qualifications and interests that you think might be relevant.

How do you plan to pass on information to other consumers and/or carers?

3. WAYS IN WHICH YOU WISH TO BE INVOLVED

Do you wish to attend meetings of issues you are interested in on a regular basis? Yes/No

Are you willing to participate in training? Yes/No

Are you applying as an individual representative or will you be representing a special interest group? (Please specify).

Would you be interested in being part of committees or processes that cover the entire South Western Sydney Area Health Service (Local Government areas of Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly)? Yes/No

Are you interested in being part of committees or processes in your Local Government Area? Yes/No

Are you interested in receiving information from the Network by post, such as Newsletters, information on interest groups, updates, etc? Yes/No

As a community representative, you will automatically be sent 4 newsletters per year and occasional information and updates. Please indicate if you do not want to receive this information.

No, I do not want anything sent to me.

4. SPECIAL NEEDS

What support will you need from the health service to be effective as a community representative? Eg. Transport; large print; wheelchair accessible venues; interpreters, other special needs, etc.

5. REFERENCES

Please provide the names and addresses of two people who may be contacted about your application. If approached, these people will be asked to provide references and information about your experience and/or ability as a community representative.

Referee 1	Referee 2
Phone: _____	Phone: _____

6. SWSAHS REQUIREMENTS

A criminal record check is a requirement prior to appointment to a committee.

- Do you agree to a criminal record check by the SWSAHS? Yes/No
- Have you already had a criminal record check by the SWSAHS in the last 12 months? Yes/No
- Have you ever been convicted of a criminal offence? Yes/No
- Have you ever been convicted of a sexual offence? Yes/No
- Have you any conviction of a violent offence involving children in the last 10 years? Yes/No

If you have answered yes to any of the above questions, please give details:

Alternatively, if you wish to discuss this matter in private, please contact the Community Participation Office on 9605 8900.

7. STATEMENT/AGREEMENT

Community Representative’s Statement:

I understand that this information is being provided to the Area Manager, Community Participation and will also be kept on a database at the office of the local Sector Co-ordinator, Community Participation, and with any committees I am appointed to.

I understand that as a community representative I am entitled to receive out of pocket expenses for my participation, but my involvement does not attract any salary.

I agree to a criminal record check being conducted.

Signature: _____ Date: _____