



SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

Community Representative Agreement

The role of Community Representative with the South Western Sydney Area Health Service is an important one. In undertaking this role, the South Western Sydney Area Health Service (SWSAHS) accepts a responsibility to support you, but also has some expectations of you. This agreement sets out the support you can expect from SWSAHS and its expectations of Community Representatives.

Please read this agreement and if you agree to follow the guidelines in it, sign the agreement where indicated. Completion of this agreement should be done in conjunction with a Manager from South Western Sydney Area Health Service.

South Western Sydney Area Health Service has an Area Manager of Community Participation who is available to assist you with any questions you may have about your role as a Community Representative and the processes associated with this.

Manager Community Participation (02) 9605 8900 or 0408 969 127

Or you may wish to contact the

Information you provided in your application to be a Community Representative and the position you hold will be kept on a database of Community Representatives at the office of the Area Manager, Community Participation, with the local sector Coordinator and with any committees to which you are appointed.

Some written information about your role as a Community Representative is available from the Area Manager, Community Participation.

1. Support from South Western Sydney Area Health Service

Community Representatives will be supported by:

- Reimbursement of out of pocket expenses incurred in attending South Western Sydney Area Health Service activities in your role as a Community Representative in accordance with the policy on the Reimbursement of Consumer, Carer and Community Representatives
- Providing education and training opportunities relevant to your role as a Community Representative
- Providing support, information and guidance as requested or needed
- Assisting you to network with other Community Representatives
- Responding to issues you raise and providing you with feedback
- Clearly identifying a contact person or "Buddy" in SWSAHS for you to liaise with

2. Keeping other community members informed

South Western Sydney Area Health Service will assist you to provide information to the broader community. This may include reasonable assistance with producing written information, photocopying, holding community forums or preparing presentation materials, etc. You will need to report to either the sector/area network by using the sample Report Form (Appendix 10) provided for you.

3. Term of appointment

Your term of appointment as a Community Representative for the _____ committee is _____ years.

You will be consulted about your involvement and processes for recruitment before your term expires. You can reapply.

Appointment as a Community Representative does not give you status as an employee of South Western Sydney Area Health Service nor does it constitute an employee/employer relationship.

South Western Sydney Area Health Service maintains a volunteer insurance policy that covers you while participating in the activities of SWSAHS.

4. Criminal Record Check

A criminal record check will be carried out if you are being appointed to a committee. Permission has been sought from you on your application form. Where the criminal record check reveals a criminal conviction, the South Western Sydney Area Health Service Human Resources Manager or his/her nominee will discuss this with you and make a recommendation to the Area Director of Business Services about your appointment.

5. Conflict of interest

You should declare any conflict of interest, or potential conflict of interest at the time you nominate to be a representative. If a conflict of interest was not declared, or arises during your representation, this must be notified to your "Buddy" or the Chairperson of the committee on which you serve.

6. Intellectual Property

Any intellectual property that arises out of your involvement with this Committee will be vested in SWSAHS unless specific prior agreement is made to vary this principle.

7. Code of Conduct and Confidentiality

You will be asked to sign this Agreement with the committee on which you serve. SWSAHS has a common law and statutory obligation to protect the privacy and confidentiality of some information that you may have access to as a committee member. It is expected that Community Representatives will accept and maintain the confidentiality of information so designated. This should be identified for you, but if you are not sure then please ask the Chairperson or your “Buddy”.

Confidentiality agreements should not prevent you from communicating with other community members on general principles and issues as you need. If you are unsure, this can be checked with your “Buddy” or the Chairperson of the committee. If the confidential status of written information is unclear this could also be checked before distribution.

8. Missing a meeting

South Western Sydney Area Health Service understands that there will be times when you are unable to participate in one of your committee meetings. If you are unable to attend a meeting and think that the committee will be making important decisions at that meeting, you can arrange with your “Buddy” or the committee Chairperson to provide input in another way, such as preparing a document to be tabled at the meeting.

9. Making public statements

The policy of the South Western Sydney Area Health Service states that only the General Managers and Senior Executive of South Western Sydney Area Health Service are authorised to make public statements on behalf of the organisation. You must not make public statements on behalf of SWSAHS unless the General Manager or Senior Executive have given you approval or ask you to do so. Examples include, media interviews on committee work, speaking at conferences on behalf of the South Western Sydney Area Health Service and writing material for journals and other publications.

However, Community Representatives may speak about and share information on their experience as a representative, but must be clear that they are not speaking on behalf of South Western Sydney Area Health Service.

10. Resigning

You may resign at any time and should notify the Chairperson of the Committee or your “Buddy” for the process in which you are involved. Written notification is preferable. You may be asked if you are available to brief new Representatives when they are appointed. Prior to your resignation, you must return all SWSAHS property, including library books, ID cards, boom gate keys, as well as any other items or equipment.

11. Discontinuing representation

Should problems arise which raise questions about your continuing representation, your views will be sought with the aim of resolving any difficulties or problems. Initially this will be the responsibility of the Chairperson of the committee. If, after an attempt to resolve the difficulties, the Chairperson feels that your appointment should be reviewed, the local Coordinator of Community Participation, Service Director or General Manager will be involved to conciliate on the matter. You may wish to have a support person with you during this process. If conciliation is unsuccessful and a decision is made to discontinue your representation, you will be verbally informed of the decision in the first instance with written confirmation being provided. You may appeal this decision to the Area Manager, Community Participation.

12. Grievances and complaints

You are encouraged to inform SWSAHS if you are not receiving the advice or support you need to fulfil your role. Initially this can be done through your local sector Community Participation Coordinator, or “Buddy”, or the Chairperson of the committee in which you are involved. If this is unsatisfactory, concerns can be directed to the Area Manager, Community Participation.

13. Evaluation

You will be asked to participate in evaluation processes associated with involving you in SWSAHS.

This section is for you to complete and sign with a Manager of South Western Sydney Area Health Service. If you have any questions about this agreement or would like clarification of any of its contents please discuss this with the Manager before signing.

Ias a Community Representative on the
..... have read through this agreement and
agree to
follow the guidelines in it.

Signed Date

I ,South Western Sydney Area
(name) (title)
Health Service agree that we will provide who is a
community representative on the with
the advice, information and support outlined in this agreement.

Signed Date