**EXPRESSION OF INTEREST**

***Regional Community Advisory Group***

***Contact Information***

***Title Mr* □ *Mrs* □ *Ms* □ *Miss* □ *Dr* □ *Prof* □ *Other* □**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Surname*** |  | ***Given Name/s*** |  |
|  |  |  |  |
| ***Postal Address*** |  | ***Email*** |  |
|  |  |  |  |
| ***State*** |  | ***Home Ph*** |  |
|  |  |  |  |
| ***Post Code*** |  | ***Mobile Ph*** |  |

***Age Range 18-24* □ *25-39* □ *40-54* □ *55-69* □ *70+* □**

***Information about you***

* I am/have been a consumer in the NT health system (e.g. I have been a patient in a NT public hospital or have accessed community or other NT health services)
* I am / have been a carer
* I am a member of a professional or academic body ***details***
* I am a current or past practicing health care professional ***details***
* I am a member of a human service / community service / welfare ***details***

organisation

* I am a member of an advocacy or rights based organisation ***details***
* I am an employee of a government agency (local/state/national) ***details***
* I am a statutory officer (e.g. Public Advocate) ***details***
* I identify as an Aboriginal and/or Torres Strait Islander ***details***
* I am a person with a disability ***details***
* I am a person from a non-english speaking background ***details***
* I identify as a member of a cultural or ethnic group ***details***

Are you a member of any community networks or groups? (i.e. support groups, interest groups, leisure clubs etc) **Yes** **□** **No** **□**

***details***:

* I have experience as a consumer representative - ***details:***

* I have experience in attending forums, community or government committees, boards, advisory/reference groups etc

***Details:***

***Areas of interest to you***

**□** Aboriginal health **□** Financially disadvantaged **□** Homelessness

**□** Torres Strait Islander health **□** Remote health **□** Cancer

**□** Carers **□** Children’s health **□** Women’s health

**□** Men’s health **□** Mental health **□** Substance abuse

**□** Emergency **□** Families **□** Aged care

**□** Oral health **□** Young people **□** Service planning & design

**□** Facilities **□** Patient journey **□** Disability services

**□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Other comments***

Please include any other comments or details of other relevant experience:

Thank you for completing this Expression of Interest for participation in Top End Health Service Regional Community Advisory Groups. Please return this form via email to: TEHSBoard.DoH@nt.gov.au / mail to: attention: *Executive Officer Top End Health Service Board*, PO Box 41326 Casuarina NT 0811.