



Consumer Representative Application Form

Please note, not all fields are mandatory, however please be sure to complete those marked with an asterix (*)

Name: _____

Address: _____

Email: _____ Phone: _____

Gender: Female Male Prefer not to state Other (please list): _____

Which Health Sector do you represent?(you can choose more than one):

Aged Care Carer Disability LGBTQI+ Mental health Multicultural

Other (please list) _____

Country of Birth: _____ Birth year: _____

Languages spoken: _____

Are you of Aboriginal and/or Torres Strait Islander origin? Yes No Prefer not to state

Occupation: _____

*Please list any current or previous committee positions you have undertaken in health or other roles within the community.

I do not have potential conflict of interest that would affect my ability to be an independent member of the Committee and will act in the best interests of the community.

Note: a conflict of interest is a situation that arises where your ability to perform your impartial duties on the Committee could be impacted by your private, commercial or personal interests.



Please address each the following selection criterion in a brief statement:

1. Please describe briefly your journey within the WA health system, including any direct experience with the Royal Perth Bentley Group Services, and how this journey has motivated you to inquire about becoming a consumer or carer representative with us.

2. Please describe your work life and what you enjoy doing away from work.

3. Please provide the names and contact details of up to two referees who have worked with you in your capacity on a committee, either in health or elsewhere.

Referee 1:

Referee 2:

*Signature:

Date: / /

Please complete this form and submit by email or post to:

Email: RPBG.ConsumersandCarers@health.wa.gov.au

Post: Att: Community Engagement Officer

Consumer Engagement Unit

GPO Box X2213

Perth WA 6847

