

EXPRESSION OF INTEREST FORM

To be considered for the advertised vacancy for a Consumer Representative, complete this form, including the 3 questions and attach a short curriculum vitae (CV). **Your CV should outline your experiences as a consumer representative.**

Email the completed EOI form and short CV to the HCQ's Secretariat at DSHCQ@health.qld.gov.au.

Note: *You must be registered on HCQ's Consumer Network for your Expression of Interest to be considered.*

Committee Details:

Statewide Dementia Clinical Network

Monthly meetings, commencing February 2012 at the Royal Brisbane and Women's Hospital or via teleconference

Personal Details			
Surname:		Given Names:	
Address:		Postcode:	
Phone contact no:		Email:	
Organisation:			

I agree that my contact details may be circulated to other committee members and other network members	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I agree to abide by the Conditions of Participation in accordance with the Consumer Representation Program Principles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

OTHER NEEDS & REQUIREMENTS				
I will require support to attend the Committee Meetings	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details and indicate other support that you require, for example, disability support worker, interpreter etc.				

SUPPORT &/OR REFEREE FOR APPLICATION			
Please provide the following details of an individual or an organisation that will support this application.			
Name:		Organisation:	
Position:		Contact details:	

SELECTION CRITERIA:

1. Please outline your experience, knowledge, interest in and understanding of dementia.

2. Please give examples of your relevant consumer representation experience, including reviewing documentation and providing written feedback:

3. If you are selected, briefly describe how you plan to collect information and feedback from your consumer or community networks to bring to this Committee:
