



Rockingham Peel Group Consumer Advisory Council (CAC)

Expression of Interest

Name	
Address	
Phone	
Email	
Date	

1. Why would you like to join the Rockingham Peel Group Consumer Advisory Council?
2. The Consumer Advisory Council currently meets on the second Thursday of each month from 12.30 pm to 14.30pm. Are you available at this time?
3. You may also be asked to provide feedback outside of the monthly meeting, are you able to be contacted outside of meetings?

4. Which area/s of health or the health system are you interested in?

5. What skills and experiences would you bring to the CAC?

6. Please provide the name and contact details of two referees? (You may also attach a resume if you wish)

More about you

If you are comfortable sharing more information, we would like to know a little more about you. These questions, although not compulsory, provide us with information on the diversity of our consumer representatives to assist us in ensuring our CAC members reflect the diversity of the local community and hospital catchment.

Age	
Gender	
Country of birth	
Language spoken at home	
Do you identify with any ethnicity? If yes, please specify	
Do you identify with any religion? If yes, please specify	
Do you have a disability? If yes, please specify	

You can return this form by:

- Delivering to the Rockingham General Hospital, ESQR Unit, Elanora Drive, Rockingham
- Post: Rockingham General Hospital, ESQR Unit, PO Box 2033, Rockingham WA 6968
- Email: RPGConsumerAdvisoryCouncil@health.wa.gov.au
- Enquiries to phone 9599 4322