



Consumer Representative Committee expression of interest form

Committee applying for:.....

Facility/Service – specify area:.....

Name:.....

Address.....

Email:

Please tick the Consumer Network you are currently a member of:

- Balmain
- Concord
- Canterbury
- Royal Prince Alfred
- Sydney Dental Hospital
- RPAvirtual
- Community Health
- Other:

Have you completed the SLHD Consumer Representatives Orientation Training? Yes No

Have you read and understood the Committee’s Terms of Reference? Yes No

Comments:.....

What skills & experience do you feel that you could contribute to the Committee Meeting?

Do you sit on any other Facility or District Health Service Committees? Yes No

If yes, please list the Committees:

Please return to: Community Participation Unit. Email: SLHD-Consumer@health.nsw.gov.au