



NORTHERN ADELAIDE LOCAL HEALTH NETWORK

Consumer Advisory Council Application Form

The **Northern Adelaide Local Health Network Consumer Advisory Council** invites people from the community in the northern region and special interest groups to contribute and participate in the safety and quality of NALHN services.

NALHN welcomes your application to be a member of the Consumer Advisory Council.

Personal Details

Surname: _____ First Name: _____

Date of Birth: _____

Address: _____

Telephone: (Home) _____ (Mobile): _____

Email: _____

Identity:

Culturally and Linguistically Diverse (CALD) _____

Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

Other: _____

Language and Cultural connections

Ngarrindjeri Kurna Narungga Pitjantjatjara
 Adnyamathanha Kokatha Barngarla Ngadjuri

Other: _____

Preferred method of communication: Email Text Telephone Post

Preferred time of day you are available: Morning Afternoon



Your Experience and Interest

Please use these sections to tell us about your current and previous experience relevant to your area of interest and membership on the **Consumer Advisory Council**.

Committees/Forums/Memberships/Groups

Employment and Qualifications

Lived Experience

Any other comments

Name and contact of Referee

Surname: _____ First Name: _____

Telephone: (Home) _____ (Mobile): _____

Relationship to Applicant: _____

Consent

By signing this membership for you are providing:

Consent to maintain your personal information in a confidential file for the purpose of:

Sharing information with you, and

Offering opportunities to you by invitation to participate in NALHN consumer and community engagement activities based on the information you have provided on this form about your interests

Your valuable representation seeks to improve health outcomes for people and the northern region communities, families and individuals and will help create stronger relationships between community and SA Health services.

Your details will not be shared with any third parties and you will only receive contact as per the responses you have provided on this form.

If you are under 18 years old this form must be signed by your parent/caregiver.

Full Name: _____

(PLEASE PRINT)

Signature:

Date:

If you require any assistance completing this form please contact:

Please forward completed form to:

Director Consumer and Community Engagement and Experience
NALHNCAS@sa.gov.au
1300 013 988

Or Post:

Attention: Bernice Gray

Director Consumer and Community Engagement and Experience
30 Gawler Street
SALISBURY 5108