Government of **Western Australia**
WA Country Health Service

TRIM REF ED-CO-22-457772

District Health Advisory Council Application Form

Community and Consumer Representative

Name _____ Preferred Name _____

Address _____

Phone Number _____ Date of Birth _____

Email _____

Gender Identity _____ Preferred Pronouns he/him ◉ she/her ○ they/them ○

DHAC you are nominating for _____

Do you identify with any Ethnicity? (please specify) _____

I am nominating as a (please tick the appropriate box)

☐ **Health Consumer** – A person who directly, or through family/friend uses the public hospital or community health services in the district and wishes to bring a consumer perspective to the DHAC.

☐ **Community Member** – A person who wishes to represent a broad or specific community perspective other than that of a health consumer e.g. aged care, Aboriginal health, youth, chronic disease.

☐ **Both**

Please outline your key area/s of interest related to health services in your area:

_____

_____

_____

_____

Please identify which groups below you represent:

☐ Aboriginal and Torres Strait Islander People ☐ Carers ☐ Older Adults

☐ Cultural and Linguistically Diverse ☐ People with Chronic Disease or Disability

☐ Town or Community ☐ Women's Health ☐ Men's Health

☐ Youth (16-25) ☐ People Experiencing Homelessness

☐ Child Health/Early Intervention ☐ Mental Health ☐ LGBTIQ+

☐ Other (please specify) _____

Please identify the consumer or community perspective you bring to the Council e.g. youth, Aboriginal health, aged care, chronic disease or consumer advisory:

_____

_____

_____

_____

Please identify the town/community you wish to represent: _____

Do you or your family use local hospital or community health services in the area? ☐ **Yes** ☐ **No**

What is your interest in consumer rights and responsibilities?

Have you had previous experience on a Board or Advisory/Task Group?

What past experience do you have that will help in your role as a Council member?

Direct experience as a consumer, a carer, or via a family member or friend.
Interest in improving health for a particular group.
Other roles involving community affairs.

Other comments:

Applicant's Signature _____ **Date** _____

Please return this Application Form to the WACHS Regional Office in your area. Kimberley - KHSExecsecretary@health.wa.gov.au

WACHS Office use only

Approved	Yes ☐	No ☐	Date
Operations Manager Name		Operations Manager Signature	
TRIM link to DHAC member folder		TRIM link to signed confidentiality agreement	