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

TRIM REF ED-CO-22-490493

District Health Advisory Council Re-Nomination Form

Health Service or Agency 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) _____

DHAC member since _____

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

☐ **Health Service Provider**

☐ **Agency Representative**

Name the health service/agency you represent in this role _____

Please outline your or your agency's key areas of interest related to health services in your area:

_____

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_____

For your Health Service Manager or Agency Chairperson to complete:

Approval is supported / not supported for applicant to represent the Health Service/Agency on the District Health Advisory Council

Manager/Chairperson name _____

Position _____

Signature _____ **Date** _____

Comments

_____

_____

_____

_____

_____

Applicant's Signature _____ **Date** _____

Please return this Application Form to the WACHS Regional Office in your area. Pilbara - WACHSPB_ExecServices@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	