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| **Surname:** |  | **Given Name:** |  |

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| --- | --- |
| **Address:** |  |

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| --- | --- |
| **Email Address:** |   |

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| --- | --- | --- | --- |
| **Contact Phone No:** |  | **Date of Birth:** |  **/ /** |

|  |  |
| --- | --- |
| **Occupation:** |  |

|  |  |
| --- | --- |
| **Primary Language:** |  |

|  |  |
| --- | --- |
| **Other Language(s) spoken:** |  |

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**Please describe why you are interested in being a member of the Community Advisory Committee (CAC) at Benalla Health:**

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**Please briefly describe the skills you would bring to the Community Advisory Committee (CAC):**

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**Please describe what you would like to achieve as a member of the Community Advisory Committee (CAC) at Benalla Health:**

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**Please describe your main community interests including current membership of community groups:**

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**Please list two referees (personal or professional):**

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| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Telephone No: |  | Telephone No: |  |
| Relationship: |  | Relationship: |  |

You are also invited to attach your resume, or any other relevant documentation you may wish to include with your expression of interest. Please limit your attachments to four pages only.

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|  |
| Please return completed form to:Executive Director Clinical Services45 Coster StreetBenalla, Vic, 3672 | **Thank you for your interest in****Benalla health** |