# West Moreton Health – Aboriginal & Torres Strait Islander Advisory Council

## Expression of Interest form

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Street address:** |  | | |
| **Suburb:** |  | | |
| **State:** |  | **Post code:** |  |
| **Email address:** |  | | |
| **Best contact number:** |  | | |
| **Age group:** *(please circle)* | 18 – 30 / 31 – 45 / 46 – 55/ 56 – 65 / 66 – 75 / 75 + | | |
| **Preferred gender pronoun:** *(please circle)* | She/Her He/Him They/Them | | |

### About your experience and interests

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| --- | --- | --- |
| **How are you able to represent the views of groups in your community?** *Please circle group/s you represent. You can select more than one.* | | |
| People with disability | Aboriginal | Carer for family or community member |
| People experiencing mental illness | Experience of criminal justice system | Youth/Young people |
| Elders/Seniors | Torres Strait Islander | People who have chronic conditions (diabetes etc) |
| People caring for young children | Rural and regional patients | LGBTQI+ Community |

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| --- | --- |
| Do you require support to participate?  *For example: Interpreter, hearing loop, support person, computer/data access* |  |

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| --- |
| Please outline your experience of, and how often you access, health services as a patient and/or carer? |
|  |
| Briefly outline your experience accessing Ipswich health services. Has it been good or bad? Can you tell us why? |
|  |
| Please list any skills or experience you have in being a patient representative and/or committee member for this specific Advisory Council e.g. Community Organisation Committee/Board; Community Reference Group; Murri Court Community Justice Group; peer networks.  *Note: Successful applicants without prior experience will be given training.* |
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**Please return this application to:**

Aboriginal and Torres Strait Islander Health Unit, West Moreton, Qld Health

Either email or send a scanned copy of this form to [WM-ATSIHU@health.qld.gov.au](mailto:WM-ATSIHU@health.qld.gov.au) or mail the form to: West Moreton Health, PO Box 878, Ipswich Qld 4305

**Applications close at 12pm, Friday, 18 March 2022**

For any questions or help completing this form, email [WM-ATSIHU@health.qld.gov.au](mailto:WM-ATSIHU@health.qld.gov.au) or phone Lone on 0448 928 801.  
  
You will be contacted shortly about your expression of interest. Thank you for your interest in West Moreton Health.