



Alexandra District Health Community Engagement Committee

APPLICATION FORM

Name: _____
Title: _____
Address: _____
Telephone: _____
Email: _____

Selection Criteria

All applicants will be selected based on the following:

1. Knowledge and experience in healthcare and/or the community that will assist in the advisory role.
2. Community networks/involvement.
3. Understanding of the local community and health issues; and ability to engage with, communicate and reflect community views/priorities.

Please explain how you meet the selection criteria

1. Knowledge and experience that will assist in the advisory role.

2. Community networks/involvement. Are you a member of any community groups or local organisations? (Please list)

3. Understanding of the local community and health issues; and ability to engage with, communicate and reflect community views/priorities.

4. Please tell us how you would contribute to the Community Advisory Committee and your interest in Alexandra District Health.

Other information

Referees

Please provide contact details of three referees that we can contact to support your application.

Referee 1.

Name: _____
Title: _____
Tel: _____

Referee 2.

Name: _____
Title: _____
Tel: _____

Referee 3.

Name: _____
Title: _____
Tel: _____

Please return this form to:

Jane Poxon – Chief Executive Officer
Alexandra District Health
12 Cooper Street, Alexandra 3714 Vic
Tel: (03) 5772 0900
Email: AlexandraCEC@adh.org.au