## Sustainable Health Review

### Expression of Interest - Reference Groups

### Consumer and Carer Representatives

The WA State Government has announced a Sustainable Health Review to prioritise the delivery of patient-centred, high quality and financially sustainable healthcare across WA.

* Do you have experience of the WA public health system including hospital, outpatient or community healthcare services?
* Do you have experience in providing care and support to family members, friends or members of the public who have a health condition?
* Do you represent consumers of the WA health system?

If so and you have an interest in contributing to the future of health services in WA, you are welcome to submit an Expression of Interest to join the consumer and carer reference group for the Sustainable Health Review.

The reference group will provide real experience and advice about the impact of health care delivery on consumers and caregivers, and will provide input on delivering sustainable healthcare across the State.

The time commitment will be at least three meetings between July 2017 and March 2018.

Expressions of interest close at **9.00am WST 10 July 2017**.

Please complete this Expression of Interest and return completed forms with a current Curriculum Vitae to the Sustainable Health Review Secretariat at SHR@health.wa.gov.au

Further information about the Sustainable Health Review is available at health.wa.gov.au or via the e-mail address provided above.

**Expression of Interest Form**

**To be considered for appointment to the Consumer and Carer Reference Group, please complete this form and submit with a copy of your current curriculum vitae**.

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| Your personal details  *This information will be retained and used only for contacting you in relation to this application.* | | |
| Title | Mr  Miss  Mrs  Ms  Dr  Other | |
| First Names |  | |
| Surname |  | |
| Residential Address |  | |
|  | |
| Postal Address  *(if different from above address)* |  | |
|  | |
| Telephone | Daytime: | |
| Mobile: | |
| Email |  | |
| Gender | Female  Male  Other | |
| Do you identify as | Aboriginal or Torres Strait Islander  A person with a disability  From a culturally and linguistically diverse (CALD) background | |
| Are you a member of any other WA government boards or committees? If yes, please list. |  | |
| Are you presently a registered lobbyist with the WA Government? |  | |
| Your work related details | | |
| Occupation |  | |
| Who is your current employer? |  | |
| Briefly list any health related personal or business interests and/or associations, including memberships. |  | |
| Experience and Expertise as a Consumer or Carer | | |
| Please select your main area(s) of experience (select all that apply): | Hospital  Outpatient  Community and Primary  Other (please list) | |
| Conflict of Interest Declaration | | |
| Conflict of interest declaration: If selected as a Member on the Reference Group, I declare that neither I nor any of my immediate family have any interests, pecuniary or otherwise, other than that mentioned below, which could reasonably be construed as having any influence on the proper and objective performance by me, or impact upon my participation on the Reference Group. Note: Interests to be declared include but are not limited to: affiliations; conference funding; equipment donations; financial assistance; travel assistance; rebates; hospitality; relationships; shares; company ownership; training and development; consultancy services; gifts; and/or sponsorships. | | |
| I declare a conflict of interest | Yes  No | |
| If “Yes”, please provide details on the declared, real or perceived conflict of interest.  *Please note that a declaration of conflict of interest will not necessarily preclude your potential participation on the Reference Group however an assessment of the nature and extent of the conflict of interest, and any potential requirements or contingencies to manage the conflict of interest will be taken into account by the Department of Health in assessing your application*. | | |
| Availability/Time Constraints | | | |
| Do you have any constraints in relation to availability for the period July 2017 to March 2018? | | | |
| Eligibility Criteria | | | |
| Please note:   * To participate on the Reference Group you must be an individual over the age of 16. Applicants over the age of 16 but under 18 years of age must obtain written consent for participation in the Reference Group from a parent or legal guardian. * Members will have experience of the WA public health system and/or experience in providing care and support to family members, friends or members of the WA public who have a health condition. * Membership on the Reference Group is non-transferrable and is assigned to an individual, you must not allow another person to participate, or nominate another person, as a proxy on your behalf. * Health Service Provider Board Chairs, Department of Health Executives, Health Service Provider Chief Executives and Registered WA Government lobbyists are ineligible for the Reference Group. * Where applicants are currently employed in executive positions in a public hospital including as an executive director, co-director or head of department careful consideration will be given to the conflict between work duties before accepting applicants for a dual-role. It is suggested that clearance by the relevant chief executive be sought prior to application. | | | |
| Introduction Profile | |
| *Please describe your interest and experience (recent, within 3 years if possible) that is relevant to the participation on the Consumer and Carer Reference Group for the Sustainable Health Review.*  *(Maximum of 1 page)* | |

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| Referees  Please provide two referees: | |
| Referee Name 1 |  |
| Position |  |
| Contact phone number |  |
| Email |  |
| Business relationship to you |  |
| Referee Name 2 |  |
| Position |  |
| Contact phone number |  |
| Email |  |
| Business relationship to you |  |

|  |  |
| --- | --- |
| Declaration and submission | |
| Name |  |
| Declaration | (tick) I acknowledge that the information I have provided is true and correct.  (tick) I have read and understood the Eligibility for the Reference Group.  (tick) I understand that if successful I will need to commit to attending a Reference Group meeting at least on a once monthly basis for a period of 6 months.  (tick) I understand that if successful I will be responsible for maintaining confidentiality in respect of all confidential and sensitive information; and that I must not use WA Health information or other information obtained in the course of my duties for any personal, commercial or political gain for myself or others, or to the detriment of others. |
| Date |  |
| Curriculum Vitae | File attached (PDF, Excel or Word format) |