Expression of Interest :

AV Community Advisory Committee

|  |  |
| --- | --- |
| Your details |  |
|  |  |
| **Title** |  |
| **Last Name** |  |
| **First Name** |  |
| **Residential Address** |  |
| **Contact numbers** |  |
| **Gender (man, woman, self-described, prefer not to say** |  |
| **Email address** |  |
|  |  |
| **Age Range** | ⬜ 18 - 44 |
|  | ⬜ 45 - 54 |
|  | ⬜ 65 + |

|  |  |
| --- | --- |
| Experience |  |
| **Which of the following best describes your particular area of health knowledge / experience** | ⬜ Aboriginal and Torres Strait Islander people |
| *(tick as many as applicable)* | ⬜ Culturally and linguistically diverse (CALD) communities |
|  | ⬜ LGBTQI |
|  | ⬜ Older people (70 years or older) |
|  | ⬜ Younger people (25 years or younger) |
|  | ⬜ Homeless people |
|  | ⬜ Family violence |
|  | ⬜ Refugee |
|  | ⬜ Disability |
|  | ⬜ Alcohol or drug addiction |

⬜ Other (please state)

|  |  |
| --- | --- |
| Resume |  |
| If you have a current resume, please include this with your application.  ⬜ Yes, my resume is attached | |

**More about your experience**

Your responses to the following questions will tell us more about you, your skills and your experience. This will be reviewed against the key attributes described in the Position Description for members of the Community Advisory Committee and the responsibilities outlined in the Committee’s Terms of Reference (provided).

**Please limit your response per question to a max. 250 words.**

What is your motivation to apply to be a community member of the Ambulance Victoria Community Advisory Committee?

Have you had any previous experience as a community representative on a Committee? If so, please provide a brief summary of this experience.

Are you associated with any specific community organisations, community activities or representative of a particular community cohort? Please describe these.

How are you able to reflect and communicate issues from a community perspective?

Please reflect on your ability to bring knowledge of the opinions and policies of community groups to the committee.

If there is other relevant information that you would like to provide to support your application, please attach a brief (one page maximum) outline.

**Referees**

Please provide details of three (3) referees that you are happy for us to contact in relation to your application. These must not include family or friends or anyone who cannot provide impartial independent feedback on your character, experience and capabilities.

|  |  |
| --- | --- |
| Referee 1 |  |
| Name: |  |
| Telephone Number: |  |
| Referee’s Position: |  |
| Referee’s relation to applicant |  |

|  |  |
| --- | --- |
| Referee 2 |  |
| Name: |  |
| Telephone Number: |  |
| Referee’s Position: |  |
| Referee’s relation to applicant |  |

|  |  |
| --- | --- |
| Referee 3 |  |
| Name |  |
| Telephone Number: |  |
| Referee’s Position: |  |
| Referee’s relation to applicant |  |

**Future contact with AV**

Over the coming year, AV will be building a consumer register with details of community members who are interested in staying in touch with AV on consumer / community issues. If you would like to stay in touch with our organisation and be considered for future community opportunities, please indicate below.

⬜ Yes, I would like my details to be included on the AV Consumer Advisor Register

⬜ No, I would not like my contact details to be retained.

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|  |  |
| Signed | Date |