Expression of Interest:

AV Community Advisory Committee

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

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

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| Resume |  |
| If you have a current resume, please include this with your application.c 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 maximum 250 words.**

Why are you applying 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 community organisations, community activities or a representative of a particular community cohort? Please describe these.

How are you able to 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 AV 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 |  |

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| --- | --- |
|  |  |
| Signed | Date |