

Expression of Interest (EOI) Consumer Council Membership

Darling Downs Hospital and Health Service (DDHHS) is currently recruiting **three** members for its Consumer Council. The term for this membership is 12 months. The selection of members will be through an Expression of interest (EOI). Membership will be skills based and may include people with relevant experience in the following areas:

- Aboriginal and Torres Strait Islander health and well-being
- Chronic disease management
- Mental Health
- Maternal and Child Health
- Disabilities
- Carers
- Aged Care
- Primary Prevention and Early Intervention.

Your involvement in the Consumer Council will assist us to develop, review and/or evaluate local strategies to improve the delivery of health care services for consumers in the DDHHS region.

Skills required

Expressions of interest are sought from people who have specific skills and expertise including (but not limited to):

- Gaining community perspectives and advising governing bodies;
- Good community connections and the ability to represent community interests;
- A whole of population health view;
- Ability to provide feedback to the community (with support from the DDHHS);
- A commitment to the purpose and value of the DDHHS;
- Patient centered care approaches to health care; and
- Community engagement approaches relevant to the context of the health care sector and a demonstrated ability to work collaboratively.

As a member of the DDHHS Consumer Council, you would be required to:

- attend six meetings per year
- attend a half day training session in Toowoomba.

Nominations are due by no later than 5pm on Friday 4 March 2016.

For information about the DDHHS please visit: <https://www.health.qld.gov.au/darlingdowns/>

For enquiries, please contact to Amy Keys on 07 4699 8402 or Amy.Keys2@health.qld.gov.au

How to apply

PLEASE COMPLETE THE EOI FORM ON PAGE 2 OF THIS DOCUMENT

Once you have completed the form overleaf you can:

Deliver in person

Baillie Henderson
Hospital
Jofre
Cnr Mort and Hogg St
Toowoomba QLD
4350



Return by mail:

Consumer Council EOI
PO Box 405
Toowoomba Qld 4350



Email this form to:

Amy.Keys2@health.qld.gov.au



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ALWAYS refer to the electronic copy for the latest version.

Consumer Council Expression of Interest Form

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Occupation/position title:	<input type="text"/>				
Organisation (if applicable)	<input type="text"/>				
Address	<input type="text"/>				
Phone:	<input type="text"/>	Mobile:	<input type="text"/>		
Email:	<input type="text"/>				

Why do you want to be a consumer representative on the DDHHS Consumer Council?

Please outline the experience you have that will enable you to represent consumer interests

Personal attributes and qualifications you will bring to this Committee

Any other information you wish to include

Indicate any supporting documentation that you have supplied with this Expression of Interest

☐

Current resume/CV

☐

Letters of support

☐

Other (*Please state*)

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