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April 2024

# Models of Care – Adult Working Group

# Nomination / Expression of Interest Application Form

The National Palliative Care Steering Group is forming a fixed term working group to redesign how adult palliative care services and systems work together in New Zealand Aotearoa. For more information see the Draft Models of Care – Adult Working Group Terms of Reference.

**Nominated sector representatives**

Almost all parts of our health system care for people with palliative care needs and will therefore be impacted by this work. However, some sectors have a greater role to play and will be key members of the working group. These sectors include:

* Hospice
* Hospital Palliative Care Teams
* Aged Residential Care
* General Practice
* District Nursing

These sectors will be invited to nominate a representative to join our Models of Care- Adult Working Group.

**Community representatives**

The needs of patients, whānau and communities remain at the heart of this work, and their views will be vital in the redesign of our services and systems. Therefore, we also invite people and their whānau, who have used adult palliative care services, to apply for this working group, by filling in the Expression of Interest application form.

**Role requirements**

Representatives must be:

* available to attend meetings and progress work between meetings (minimum time commitment of 12 – 16 hours per month)
* able to commit to a minimum of 6 months from May 2024
* a recognised leader in their field with proven ability to represent their sector/organisation/community at a national level
* passionate about ensuring palliative and end-of-life care meets the needs of all New Zealanders and their whānau
* actively involved in their community and/or professional organisations
* able to work collaboratively, promote trust, share information and be innovative
* ability to think about services and systems from a national perspective

Skills/experience:

* experience of promoting the wellbeing of Māori, Pacific, Rainbow, disability, and ethnic communities
* involvement in adult palliative care research and education (preferred)
* advanced experience of (or expertise in) adult palliative care services
* ability to analyse information, and write reports and proposals
* well networked and a flexible and effective communicator

Please take the time to read the Draft Terms of Reference for further information and before submitting a Nomination / Expression of Interest form.

Payment for meeting attendance and travel expenses is covered as per the Terms of Reference.

# Closing date

Nominations and Expressions of Interest for this working group will **close on Wednesday 17 April 2024.**

**How to apply**

**Sector Representatives**

You will receive this information from your sector lead. Please follow their instructions.

**Community Representatives**

Please complete the Nomination / Expression of Interest form below and email it to palliativecare@TeWhatuOra.govt.nz.

For further information please email Stephanie Read (System Design Manager– Palliative Care, Health New Zealand): Stephanie.Read@tewhatuora.govt.nz

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Nomination / Expression of Interest Form

Models of Care - Adult Working Group

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| Name |  |
| Iwi affiliation(s) |  |
| Current job title/role(s) |  |
| ​Network, organisation or community you would like to represent ​ |
| Town/City/Place of Residence  |
| Work Telephone | Mobile  |
| Mobility/accessibility and/or dietary requirements |
| Email  |  |
| Postal Address | ​ |
| Closest domestic airport  |  |
| Brief history of your experience of (or expertise in) adult palliative care in Aotearoa New Zealand – including any previous work on models of care development or service redesign |
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| Brief history of your experience advocating for Māori and/or Pacific People  |
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| Brief history of your experience representing your sector/organization/community at a national level (e.g. roles held)  |
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| Examples of your previous experience in researching and analysing information, as well as writing reports and proposals for change. |
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| Signature: Date:  |
| Are you interested in being a co-chair for the Models of Care – Adult Working Group? Yes / No**Manager’s approval** (required if you intend to participate in this group during your work time) |
| Manager’s name:Title and Organisation:Comments (if any)Signature: Date:  |
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| ***For nominated sector representatives - to be filled in by your sector lead prior to submission to Te Whatu Ora*** |
| Name of network or organisation: |  |
| Your name and role: |  |
| Does your group endorse this applicant to represent you on the Models of Care – Adult Working Group? | Yes / No |
| Comments (if any) |  |
| Signed: |  | Date: |
| *Return completed form to palliativecare@tewhatuora.govt.nz* |