



Northland Health Consumer Council Expression of Interest Form

Please complete this form to express your interest to be a member of the Northland Health Consumer Council. Applications received will be put forward to a selection panel for consideration. A short list of applicants will be interviewed. Interview dates are shown below. The inaugural meeting date is planned for 16th December 2014 at 5pm.

Personal Details

Full Name:		Postal Address:	
Email:			
Contact Numbers:			
Home:			
Work:			
Cell Phone:			

Organisation Details (If nominated by an organisation)

Organisation Name:		Email:	
Nominator Name:		Contact Numbers:	
Nominator Role:			
Describe why you believe the nominee will be a suitable Consumer Council member:			

Expressions of Interest Accepted on or Before 21st November 2014:

Send by e-mail to: Corrina.davis@northlanddhb.org.nz	Mail to: Corrina Davis, NHSP Project Support and Programme Administration Northland District Health Board Private Bag 9742, Whangarei, 0148
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Profile

Why are you interested in being on the Consumer Council?

What consumer experience would you bring to the Consumer Council?



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Personal Statement

Tell us a little about yourself.

Background:

Community Involvement:

Particular Health Interests:

Work Experience:

Other information:

Have you ever been convicted of a criminal offence? No: Yes:

Note: All successful candidates will be required to undergo New Zealand Police clearance.

This clearance is subject to the Criminal Records (Clean Slate) Act 2004 and may be subject to the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004. For more information on the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 please visit

www.legislation.govt.nz.



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Please indicate which date and time would be suitable if selected for an interview. Interviews will be undertaken in small groups of 4 nominees:		Indicate one or more date/s and time/s suitable to you. (✓)
Monday, 1 st December 2014	10.00am	
Tuesday, 2 nd December 2014	11.00am	
Tuesday, 2 nd December 2014	5.00pm	
Wednesday, 3 rd December 2014	4.00pm	
Thursday, 4 th December 2014	8.00am	
Friday, 5 th December 2014	10.00am	

I (full name) declare that to the best of my knowledge the answers provided in this expression of interest and any other information provided to Northland District Health Board in support of my nomination is correct and I understand that if any false or deliberate misleading information is given, or any material suppressed, I will not be accepted.

Please indicate if you are happy for your name to remain on our list of volunteer consumers to be contacted to participate in future Consumer Councils, other consumer groups or activities such as consumer workshops or patient experience interviews.

Nominee Signature:

Date: