

Expression of Interest

MidCentral District Health Board

Master Health Service Plan Consumer Advisory Panel

Confidential

Name of Applicant: _____

Purpose	This information is collected for the purpose of assessing your suitability for appointment to the Master Health Service Plan Consumer Advisory Panel
Collecting and Holding Personal Information	The information you provide on the applications will be collected and held by the MidCentral District Health Board
Your Access to Information	In accordance with the Privacy Act 1993 you have a right of access to personal information and to seek any correction you think necessary to ensure accuracy

Please return the completed application form to **Stephanie Fletcher** at MidCentral District Health Board (MDHB) no later than **13^h February 2015**.

By email

Steph.fletcher@midcentraldhb.govt.nz

Or post to

MidCentral DHB

PO Box 2056

Palmerston North

4414

Or courier to

MidCentral DHB

Board Office

Gate 2

Heretaunga Street

Palmerston North

4414

For assistance contact, Stephanie Fletcher, 06 350 8912 or steph.fletcher@midcentraldhb.govt.nz

Name of Applicant: _____

Section 1 Personal Information			
Title	Mr	Mrs	Miss Ms Dr
First Name			
Last Name			
Preferred name			
Ethnicity (optional)			
Address			
Telephone number	Home	Work	Mobile
Email address			

Personal Statement (just a ½ page please)
Tell us why you would like to become a member of the Consumer Advisory Panel

Consumer Constituency

Please describe the consumer constituency(s) and / or community(s) you can best represent eg Mental Health, Alcohol and Other Drugs, Long Term Conditions, Disabilities (including Sensory, Physical and Intellectual), Older Persons Health, Family Health (including Men’s, Women’s, Child and Youth), Maori, Pacific Peoples, Refugee and Migrant Health, Rural Health, Primary Health Organisation, , and Palliative Care.

Please indicate your links to consumer constituency and communities. We only need enough information to be able to understand your potential contribution to the Consumer Advisory Panel. Just provide key and current information.

Links to Consumer Constituency		
Name of Group and note the type of organisation: Crown, Incorporated Society, Company, Trust, Community Organisation	Year started and finished	Nature of Involvement: Position title Elected or appointed

or other		Brief description of participation and any key achievements

Community Experience (unpaid)		
Please provide details of up to five community projects or organizations you have been or are involved in.		
Name or organization or project	Year started and finished	Nature of Involvement: Your role Brief description of participation and any key achievements

Work Experience (Paid)		
Please provide details of up to five jobs you have held part-time or full-time, including self employment. For "sector type" use one of the following categories: Government, Business or Community		
Name of organization (and sector type)	Year started and finished	Nature of experience: Your title Brief description of participation

		and any key achievements	

Relevant Qualifications and Awards		
Please tell us of any relevant professional / trade qualifications, awards or any other experience you believe is relevant to this role.		
Qualifications / Awards	Year Achieved	Institution or organization which conferred the qualification or the award

Any other information and / or skills
Please mention any other details that you believe would be of value to bring to the Panel.

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Referees

Please give details of TWO referees relevant to this role and whom you authorize us to contact. We will advise you if we intend contacting them.

Name		Brief description of your working relationship with the referee
Role		
Organisation		
Preferred contact details Phone or email		
Preferred time for contact		

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Name		Brief description of your working relationship with the referee
Role		
Organisation		
Preferred contact details Phone or email		
Preferred time for contact		

Declaration

I *(please write your full name)*

Declare that to the best of my knowledge, answers to the questions in this application are correct

Signature	Date
If you are sending this form electronically please type your name and date in the signature and date fields above	