

**Consumer Advisory Group (CAG)  
Expression of interest application form**

**PERSONAL DETAILS**

|             |  |           |  |
|-------------|--|-----------|--|
| Full Name:  |  |           |  |
| Gender:     |  |           |  |
| Occupation: |  |           |  |
| Address:    |  |           |  |
|             |  | Postcode: |  |
| Telephone:  |  | Email:    |  |

**REFEREE**

Please nominate a referee we can contact to discuss your application. This can be professional or personal, and should be able to provide us with insight on how you might contribute to the CAG should your application be successful.

Referee details:

|             |  |           |  |
|-------------|--|-----------|--|
| Full Name:  |  |           |  |
| Occupation: |  |           |  |
| Address:    |  |           |  |
|             |  | Postcode: |  |
| Telephone:  |  | Email:    |  |

## SELECTION CRITERIA

Prospective members will be assessed to the extent to which they meet the following criterion:

1. Able to abide by the SJGSH Mission and Values.
2. Recent (within 5 years) experience as patient or carer of an acute health service.
3. Able to contribute informed opinion and constructive feedback to the CAG.
4. Ability to communicate effectively and respectfully within the Group.

Where possible, efforts will be made to ensure that committee membership reflects the diversity of our Hospital specialties, communities and populations.

In the space below, please provide details of relevant experience, skills or knowledge you have which would contribute to the Consumer Advisory Committee.

Please provide details on your Hospital experience (patient, family/carer/visitor of a patient/Caregiver). Please specify if your experience relates to any of the following: Maternity, oncology/palliative care, cognitive impairment, disability, paediatrics, surgical/acute, Aboriginal or Torres Strait Islander, cultural or linguistic needs.

Briefly describe your employment, experience or skills as they relate to the selection criteria:

Please describe any committee or working group experience:

Tell us why you would like to be a member of the Committee and what you think you can contribute to the CAG?

It is important that all members are able to listen to others and share their opinions. Please describe your understanding of the skills required for effective communication.

Have you received any training to be a Consumer Representative?

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Signature

**This application and a supporting resume (where available) should be forwarded by email to:**

Charlene Grosse, Manager Allied Health

email: [Charlene.grosse@sjog.org.au](mailto:Charlene.grosse@sjog.org.au)

St John of God Subiaco Hospital,

12 Salvado Road, Subiaco

Perth WA, 6008

Telephone: 08 9382 6070