

Consumer Advisory Group – Membership Application

SECTION A: NOTES FOR APPLICANTS

Please read these notes before completing this Expression of Interest form.

- Any personal information you provide will be treated in accordance with the Privacy Act 1993.
- You are welcome to provide additional information (such as a CV or cover letter) to support your application.
- **Please note:** Applications received will be put forward to a selection panel for consideration. Te Whatu Ora will communicate the recruitment process to you via email/postal mail.

SECTION B: PERSONAL DETAILS

Last or family name	
First name/s	
Home address	
Postal address (if different from home)	
Email address	
Contact number/s	

SECTION C: PERSONAL SUMMARY

Please provide a brief summary (Background - Education, Training, Employment, Interests) of why you would be suitable for consumer representation on this partnership group. Use an additional page if required.

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SECTION C: PERSONAL SUMMARY (Continued)

SECTION D: Please email or post the completed form via the below details:

Cathy Blincoe – Quality Coordinator
Quality & Patient Safety Team - Corporate Services
Te Whatu Ora Health New Zealand
PO Box 387
GREYMOUTH 7840
Email: catherine.blincoe@wcdhb.health.nz

SECTION E: DECLARATION

**I agree that all information provided
in this application is true and correct.**

Signature:

Date:

For Office Use only:

Interview: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Decline reason:
Signature:	Date: