**Expression of Interest**

**Nomination Meeting**

EMHS is calling for Aboriginal and Torres Strait Islander people in the community to join the Aboriginal Health Community Advisory Groups (CAG) as members of the following:

1. Royal Perth Hospital CAG
2. Bentley Health Service CAG
3. Armadale & Kalamunda Health Service CAG
4. St John of God Public Hospital (Midland) CAG

The members of the Aboriginal Health Community Advisory Groups will advise on key health priorities affecting Aboriginal consumers and provide feedback/input into consumer/carer materials, health service policies and guidelines, service development and delivery.

**To become a member a person must be**

1) an Aboriginal community members 18 years or older;

2) living in one of the suburbs within EMHS health districts;

3) not working full-time;

4) committed to attending the meetingsand

5) provide proof of vaccinations. (i.e. Flu, Covid)

Community members will be paid for each meeting attended, plus other endorsed activities, in accordance with the Health Consumers Council WA Consumer Representative Payment Policy.

Members will attend CAG meetings held three (3) times a year for five (5) hours.

Members will be invited to be a part of the Aboriginal Workforce Working Group and the Aboriginal Youth Working Group. These are held twice (2) a year.

An end of year forum is also held.

**How to Apply**

If you are interested in joining, complete the application form below and

**Email to:** [**Robert.Morrison@health.wa.gov.au**](mailto:Robert.Morrison@health.wa.gov.au)**.** If you would more information, contact Robert Morrison on 9278 9941 or 0434 603 645

EMHS Health Districts

|  |
| --- |
| **Armadale Kalamunda AHCAG suburbs**  Armadale, Ashendon, Beckenham, Bedfordale, Brookdale, Byford, Camillo, Champion Lakes, Forrestdale, Gosnells, Harrisdale, Huntingdale, Jarrahdale, Kelmscott, Kenwick, Langford, Lesley, Maddington, Martin, Mount Nasura, Mount Richon, Mundijong, Orange Grove, Piara Waters, Roleystone, Serpentine, Seville Grove, Southern River, Thornlie, Wungong. |
| **Bentley AHCAG suburbs**  Ascot, Belmont, Bentley, Burswood, Cannington, Carlisle, Cloverdale,  East Kewdale, Kensington, Lathlain, Redcliffe, Rivervale, Queens Park, St James, South Perth, Victoria Park, Welshpool, Wilson. |
| **Royal Perth Hospital & Inner City AHCAG suburbs**  Bayswater, Bedford, Embleton, Inglewood, Maylands, Morley, Mount Lawley, Perth. |
| **Swan, Hills & Midland AHCAG suburbs**  Ashfield, Avon Valley National Park, Bassendean, Beechboro, Bickley, Bullsbrook, Carmel, Chidlow, Darlington, Eden Hill, Ellenbrook, Forrestfield, Gidgegannup,  Glen Forrest, Greenmount, Gooseberry Hill, Guildford, Hazelmere, Helena Valley, High Wycombe, Jane Brook, Kalamunda, Kiara, Koongamia, Lesmurdie, Lexia, Lockridge, Maida Vale, Malmalling, Melaleuca, Midland, Midvale, Mundaring, Reservoir, South Guildford, Stratton, Swan View, The Vines, Walyunga National Park, Wattle Grove, |

**The next Aboriginal Health Community Advisory Group meeting will be held at Vacation Care Room, Royal Perth Hospital on**

**Thursday 23 November 2023**

**9:30am – 2:30pm**

**No nominations will be accepted after the 23 November 2023 for the current term.**

**ABORIGININAL HEALTH COMMUNITY ADVISORY GROUP**

**EXPRESSION OF INTEREST FORM**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth: \_\_/\_\_/\_\_\_\_
3. Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Residential Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Which cultural group/s do you identify with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you speak an Aboriginal language? If yes what language/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Contact Details: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Employment status: Fulltime ☐ Part-time ☐ Not currently employed ☐
11. Why are you interested in joining the EMHS Aboriginal Health Community Advisory Group?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Are you a current member of any Community advisory group? (Name of group/location)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Advisory group | Location | Current | | Membership duration |
| e.g. Telethon Institute advisory group | Perth Metro | Yes | ~~No~~ | 3 years |
|  |  | Yes | No |  |
|  |  | Yes | No |  |
|  |  | Yes | No |  |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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