

East Metropolitan Health Service Multicultural Advisory Group

Expression of Interest: Consumer

Demographics

Full name	
Residential Address	
Email	
Phone	
Occupation	
Age Group	<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and over
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Not Specified

Indicators of Ancestry

Country of Birth	
Language/s spoken at home	
Religious/Cultural practices	

Please indicate which East Metropolitan Health Service/s you have had experience with as a patient, family member or carer of a patient:

Royal Perth Hospital	
Bentley Health Service	
Kalamunda Hospital	
Armadale Hospital	
SJOG Midland Public	
Other (please specify)	

Please tell us what interests you in becoming a member of the EMHS Multicultural Advisory Group and what you feel you can bring to the role.

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Please provide the details of a referee to support your nomination

Full name	
Phone number	

Our Vision: Healthy people, amazing care. Koorda moort, moorditj kwabadak
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