



District Health Advisory Council Re-Nomination Form

Community and Consumer Representative

Name _____ Preferred Name _____

Address _____

Phone Number _____ Date of Birth _____

Email _____

Gender identity _____ Preferred Pronouns he/him she/her they/them

DHAC you are nominating for _____

Do you identify with any Ethnicity? (please specify) _____

DHAC member since _____

I am re-nominating as a (please tick the appropriate box)

Health Consumer – A person who directly, or through family/friend uses the public hospital or community health services in the district and wishes to bring a consumer perspective to the DHAC.

Community Member – A person who wishes to represent a broad or specific community perspective other than that of a health consumer e.g. aged care, Aboriginal health, youth, chronic disease.

Both

Please outline your key area/s of interest related to health services in your area:

Please identify which groups below you represent:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Aboriginal and Torres Strait Islander People | <input type="checkbox"/> Carers | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cultural and Linguistically Diverse | <input type="checkbox"/> People with Chronic Disease or Disability | |
| <input type="checkbox"/> Town or Community | <input type="checkbox"/> Women’s Health | <input type="checkbox"/> Men’s Health |
| <input type="checkbox"/> Youth (16-25) | <input type="checkbox"/> People Experiencing Homelessness | |
| <input type="checkbox"/> Child Health/Early Intervention | <input type="checkbox"/> Mental Health | <input type="checkbox"/> LGBTIQ+ |
| <input type="checkbox"/> Other (please specify) _____ | | |

Other comments:

Applicant's Signature _____ **Date** _____

Please return this Application Form to the WACHS Regional Office in your area.

WACHS Office use only

Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date
Operations Manager Name		Operations Manager Signature	
TRIM link to DHAC member folder		TRIM link to signed confidentiality agreement	

