

Contact details

Title: Mr Mrs Ms Miss Dr Other: _____

Name: _____

Address: _____

Phone Number: _____ Email: _____

About You

Age: 18-30 31-45 46-65 65+

Nationality: _____

Do you identify as being from an Aboriginal or Torres Strait Islander background? Yes No

Is English your first language? Yes No

If no, language spoken at home? _____

Please indicate which role(s) you are applying for:

Consumer Advisor:

Available to attend quarterly Committee Meetings at Gosford Private Hospital

Consumer Representative (indicate availability below)

Online, email or phone Working Hours (if required) Evenings (if required)

Do you have any previous experience as a Consumer Advisor/Representative: Yes No

If yes, please provide more information: _____

Please outline why you wish to be a Consumer Representative or Consumer Advisor at Gosford Private Hospital:

Tell us a little about yourself, i.e. your background and your interests, previous/current employment:

Are you a member of any social, community, charitable networks? If so, please list or explain below:

How would you like to be involved? What are your areas of interest?

Our hospital values are – Best Practice, Best Experience, Respect, It's Personal, Positive Energy – outline briefly how you will help to contribute to each of these:

Please submit the completed form to Sue Dalton, Executive Personal Assistant:

By email: sue.dalton@healthcare.com.au

By mail: Attn: Sue Dalton,
Gosford Private Hospital,
Locked Bag 7, North Gosford NSW 2250