

BOP HEALTH CONSUMER COUNCIL Expression of Interest Form

We welcome all expressions of interest and have made the process as simple as possible.

To enable us to select a group of people with a complementary set of skills, experience and knowledge we need to know some information about all applicants. And encourage you to complete this form, setting out what you can offer to the Council.

Averil Boon, Programme Manager, BOPDHB is available to provide advice and support in completing your expression of interest – averil.boon@bopdhb.govt.nz or 07 579 8968.

All those interviewed will be asked to complete a BOPDHB application form and all successful candidates will be required to undergo New Zealand Police clearance. This clearance is subject to the Criminal Records (Clean Slate) Act 2004. For more information on the exception contained in Section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 please visit www.legislation.govt.nz

Expression of Interest

I, _____ (name) would like to express my interest in being considered for appointment to the BOP Health Consumer Council

as Chair

As a member

And believe I am able to reflect the consumer voice in the following area(s) of interest (tick as many as are required):

- | | |
|---|--|
| <input type="checkbox"/> Family health (including): | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> • Men's health | <input type="checkbox"/> Alcohol and other drugs |
| <input type="checkbox"/> • Women's health | <input type="checkbox"/> Sensory and physical disability |
| <input type="checkbox"/> • Child health | <input type="checkbox"/> Intellectual disability |
| <input type="checkbox"/> • Youth health | <input type="checkbox"/> Māori health |
| <input type="checkbox"/> Older person's health | <input type="checkbox"/> Pacific people's health |
| <input type="checkbox"/> Chronic conditions | <input type="checkbox"/> Asian people's health |
| <input type="checkbox"/> Rural health | <input type="checkbox"/> Refugee and migrant health |

Brief description of your attributes, skills and experience relevant to the potential role of Consumer Council Member, the particular area(s) of interest and what you think you can bring to it *(please continue overleaf and attach an extra page if more space is required)*.

Signed: _____

Role/Position/Retired etc.: _____

Address: _____

Email: _____

Day time phone number: _____

Best time to call: _____