Consumer Representative Application Form

Please complete this form and email to juanita.jones@calvarycare.org.au

Personal Details			
Title		Last Name	
First Name		Preferred Name	
Birth Date		Gender	
Address			
Suburb		Postcode	
Email Address			
Phone		Mobile	

Emergency Contact Details			
First Name		Last Name	
Relationship to you		Phone	
Email			

Your interest and experience
Why do you want to become a Consumer Representative?
Please describe any prior experience as a Consumer Representative?
Please list particular areas of interest and skills you would bring as a Consumer Representative?

Background		
Current/previous occupation		
Are you currently:	Employed (Full-time)	Student
	Employed (Part-time)	Unemployed
		Other (please state)

Is there anything we need to know that may limit your involvement as a Consumer Representative?

☐ Yes ☐ No

If yes, kindly provide relevant details:

Do you speak any languages other than English?	☐ Yes ☐ No If yes, please give details:
Site:	Please select the site you would like to be a Consumer Representative at (list order of preference if multiple options): ☐ Calvary Adelaide Hospital (City) ☐ Calvary North Adelaide Hospital (North Adelaide) ☐ Calvary Central Districts Hospital (Elizabeth Vale)

Declaration

I understand that there is no intention to form an employment relationship and contract between Calvary Health Care Adelaide and myself.

Signature:_____ Date:_____

I authorise Calvary Health Care Adelaide to obtain a Police Check including a Working with Children Check where required as part of the registration process. Calvary Health Care Adelaide will cover this cost.

Referees			
Please provide details of two professional referees we can contact in support of your application. These referees should be people that have known (preferable supervised) you in a volunteering, employment or study environment. Please include phone number and email for your referees.			
Referee 1			
Name		How do you know this person?	
Phone		Email	
Referee 2			
Name		How do you know this person?	
Phone		Email	

On receipt of this completed application form we will contact you to discuss your application.