

ACI Consumer Council Community Member Application Form

Current as at 29 July 2016

Information for Applicants

About the Agency for Clinical Innovation

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. Our Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate to develop successful healthcare innovations. The people who join our networks share a common interest in improving healthcare and promoting an integrated healthcare system.

Further information is available on the ACI website: www.aci.health.nsw.gov.au

About the ACI Consumer Council

The ACI Consumer Council provides expert advice to the ACI and its Board on consumer engagement strategies and represents consumer members of ACI Networks, Taskforces and Institutes. The Consumer Council comprises of 8-10 consumer and community members and is chaired by a member of the ACI Board.

Membership Conditions

- i. Members of the Consumer Council are appointed to provide regular strategic advice to the ACI Board and Executive about opportunities to improve consumer engagement at the ACI.
- ii. Members are appointed for a two (2) year term, with the opportunity to nominate for reappointment for a further twelve (12) months.
- iii. The Consumer Council meets face-to-face up to five (5) times per year for two (2) hours per meeting. Videoconference and teleconference facilities are available to support attendance.
- iv. Members may be invited to provide advice or participate in opportunities related to consumer engagement outside of meetings.
- v. Members are reimbursed for any reasonable expenses incurred as a result of participating on the Consumer Council including any travel, parking and related expenses.
- vi. Members are required to undergo a national criminal record check prior to appointment to the Consumer Council.
- vii. Members are required to comply with the NSW Health Code of Conduct and ACI values and policies at all times.

Selection Criteria

The selection criteria for membership to the ACI Consumer Council are:

- a) Interest or experience in providing strategic advice regarding consumer and community engagement.
- b) Ability to represent the diverse interests of the NSW population including Aboriginal communities, multicultural communities, young people, people with disability, people living in rural communities, and carers.
- c) Ability to participate in Consumer Council meetings and activities.
- d) Interest in improving healthcare for the people of NSW.
- e) No professional or personal connections that may give cause for a perceived conflict of interest for the ACI.

Selection Process

Members will be appointed to the ACI Consumer Council based on ability to meet the selection criteria, with consideration of principles of diversity, appropriate representation, expertise and skill-mix. Membership applications will be reviewed by a selection panel comprising of ACI and Consumer Council representatives.

ACI Consumer Council – Community Member Application Form

Application due by date: **Thursday 15th September 2016**

Please submit your application form together with your resume by email or post to:

Name: Sarah Barter
Acting Manager, Patient Experience and Consumer Engagement (PEACE)
NSW Agency for Clinical Innovation

Email: aci-peace@health.nsw.gov.au

Address: PO Box 699, Chatswood NSW 2057
Level 4, Sage Building, 67 Albert Avenue, Chatswood NSW 2067

Phone: (02) 9464 4666

Fax: (02) 9464 4728

PERSONAL DETAILS			
Surname:			
First name:			
CONTACT DETAILS			
Street Address:			
Suburb:		Postcode:	
Mobile Phone:			
Other Phone:			
Email address:			
STATEMENT OF INTEREST			
Please provide a brief statement outlining your interest in membership of the ACI Consumer Council			
RELEVANT EXPERIENCE			
Please provide a brief summary of your personal and professional experience relevant to this role. You may like to provide information about your experience in consumer and community			

engagement and membership to any community or professional groups.

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COMMUNITY REPRESENTATION
Please provide an indication of how you will represent the diverse interests of the NSW community.

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PERSONAL NEEDS
Please let us know if you need any support to help you participate as a member of the Consumer Council, e.g. wheelchair accessible venues, assistance with travel expenses, large print, etc.

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PERSONAL REFEREES
Please provide a name and contact number for two people who can be contacted to act as personal referees. Referees are only contacted if you are being considered for the position. Please advise your nominated referee before submitting this form.

Referee 1

Name:	
Organisation:	
Phone:	
Relationship:	

Referee 2

Name:	
Organisation:	
Phone:	

Relationship:	
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Yes, I have attached a copy of my résumé to this application form.
