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| **Title of form:** | **Community Engagement Committee Application** |

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| First name: | Add text. | Surname: | Add text. |
| Date of Birth: | Add text. | Phone number: | Add text. |
| Address: | Add text. | Email: | Add text. |

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| **Tell us about yourself, including your cultural background and/or lived experience as a consumer or carer**  **(150 words or less)** |
| Add text. |

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| **What do you hope to address or achieve by joining our Community Engagement Committee?   (150 words or less)** |
| Add text. |

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| **Which services at Merri Health do you or your family use?   (Your information will be kept confidential: we ask this question for purposes of seeking fair representation)** |
| Add text. |

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| **What can you contribute to the work of Merri Health through your membership on the Committee?** |
| Add text. |

Please note: family of current Board members are not eligible for this position.

Return the completed form by email to **Communications@merrihealth.org.au** or hand it in to reception at one of our sites.

**Applications close 30 June 2020.**