Expression of Interest Application Form

Consumers for Maternity and Newborn Learning Health Network (MNLHN) – Advisory Group

Please complete this form and submit it by email to Simone Pike at: [maternityandnewbornlhn@safercare.vic.gov.au](mailto:maternityandnewbornlhn@safercare.vic.gov.au) by close of business 31 January 2024

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| Name:  Address: |  |
| Preferred telephone number: |  |
| Preferred email address: |  |
| The application process:   * Expressions of Interest for the MNLHN – Advisory Group Consumer roles on are advertised on the SCV website * consumers who apply are asked to complete this application form * a recruitment panel will assess all applications received and will shortlist applicants for interview * following interviews, successful applicants will be notified by email * feedback will be offered to those who are unsuccessful.   How to apply:   * provide detailed answers to the 3 questions below:   + what skills and experience would you bring to the role?   + what is your lived experience in receiving maternity care?   + have you had any experience working with others to improve care for consumers? * nominate two referees below   Email the completed application form to Simone Pike at [maternityandnewbornlhn@safercare.vic.gov.au](mailto:maternityandnewbornlhn@safercare.vic.gov.au) by midnight 31 January 2024. | |
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| Role | Consumers for MNLHN – Advisory Group |
| **Question 1** | **What is your lived experience in receiving maternity care?** |
| **Question 2** | **What skills and experience would you bring to the role?** |
| **Question 3** | **Have you had any experience working with others to improve care for consumers?** |

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| Referee 1 | |
| Name: |  |
| Position: |  |
| Telephone: |  |

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| Referee 2 | |
| Name: |  |
| Position: |  |
| Telephone: |  |