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 [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 for Expressions of Interest for Consumer roles on the MNLHN – Advisory Group are advertised on the [Safer Care Victoria website](https://www.safercare.vic.gov.au/).  Consumer applicants are asked to complete this application form. A recruitment panel will assess all applications and shortlist applicants for interview.  Following interviews, successful applicants will be notified by email and 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 [maternityandnewbornlhn@safercare.vic.gov.au](mailto:maternityandnewbornlhn@safercare.vic.gov.au) by close of business 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: |  |