

Community Advisor Application



Thank you for applying to be a Community Advisor at Maryborough District Health Service (MDHS). A Community Advisor is someone who provides us with advice and feedback that helps us plan, develop and deliver services. A Community Advisor may have direct experience using the health service as a consumer, or as a carer or family member of someone who has. They may also be a local resident who wants to be part of improving health outcomes for our community.

Community Advisors:

- Share broad consumer, carer, cultural or community perspectives
- Contribute specialist knowledge and expertise
- Offer valuable insights into local issues and community networks
- Identify and advocate for consumer and community perspectives in decision making
- Report back to the community according to confidentiality agreements
- Attend meetings as negotiated
- Prepare and read materials and documents in preparation for meetings
- Work as a member of a committee
- Demonstrate a commitment to safety and quality improvement in health services.

This is an important role at MDHS. Careful attention and consideration is given to the selection process. The questions in this application are designed to match applicants with the most suitable and meaningful engagement.

Full name:	
Preferred name:	
Address:	
Postal address (if different from above):	
Phone number (best contact):	Email address:
Emergency contact name:	Emergency contact phone number:
Are you of Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No	Do you have any existing health problems that may affect your involvement? Please provide details:

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Please select your age range:

☐ Under 18* ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75 and over

*Parent consent required.

What is your connection with MDHS:

- | | | |
|--|---|--|
| <input type="checkbox"/> I am a patient | <input type="checkbox"/> I am a local resident | <input type="checkbox"/> I am a MDHS volunteer |
| <input type="checkbox"/> I am a carer of a patient or resident | <input type="checkbox"/> I was once a patient at MDHS | <input type="checkbox"/> Other:
Please specify: _____ |
| <input type="checkbox"/> I am a family member of past or present user of the service | <input type="checkbox"/> I am or have been a community advisor / representative | |

What areas are you interested in?

- | | | |
|---|--|--|
| <input type="checkbox"/> Urgent care | <input type="checkbox"/> Maternity and obstetrics | <input type="checkbox"/> Community Services (drug and alcohol, housing support, family violence) |
| <input type="checkbox"/> Aged care | <input type="checkbox"/> Dialysis | |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Oncology | |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Allied health (dietetics, occupational therapy, physiotherapy, exercise physiology, speech therapy) | |
| <input type="checkbox"/> District nursing | | |
| <input type="checkbox"/> Medical imaging | | |
| <input type="checkbox"/> Acute care | | |

What are your interests and activities? What community groups or organisations do you represent?

Do you have professional or formal qualifications, experience or affiliations?

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Why do you want to be a Community Advisor?

How would you like to get involved? (select as many as you like)

☐ **Join a committee (paid position)**

Provide your perspective on one of our committees, reference or project groups. These groups meet regularly and operate under an approved Terms of Reference. You may be required to participate in self-assessment and review of the committee as needed.

☐ **Assist in the review and development of information**

Review and provide feedback on content, documents, educational tools and resources we use for patients, clients and staff. Be part of making sure information is easy to understand and relevant.

☐ **Participate in focus groups and co-design forums**

Provide your perspective on special, short-term projects such as policy reviews or service improvements.

☐ **Assist with recruitment**

Be a part of an interview panel for staff, volunteers or new Community Advisors.

☐ **Share your patient or carer experience**

Share a health journey that you experienced at MDHS. This may be through a written story or a video. Sharing stories is one of the most powerful ways to influence, teach and inspire.

Successful applicants will be required to:

- Consent to a reference check
- Undergo a National Police Check (cost to be covered by MDHS)
- Have or be prepared to obtain a Working with Children Check
- Have or be prepared to obtain an NDIS Worker Screening Check
- Complete a Statutory Declaration to cover any time spent overseas
- Be part of an interview
- Participate in an in-person induction and orientation at MDHS.

Please note:

- All information provided will be treated confidentially. All details will be retained and managed on a consumer register.
- MDHS is under no obligation to enlist Community Advisors.

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Statement of Privacy and Confidentiality

Maryborough District Health Services (MDHS) recognises the importance of protecting the privacy of personal information.

In your role as a Community Advisor at MDHS you may have access to confidential information about patients, clients and residents and the health service's performance. Every person has a legal right to privacy and confidentiality regarding their treatment and care. The release of any information to an unauthorised person will result in the disciplinary procedure and may lead to legal prosecution.

Unauthorised release of information includes discussing confidential health service/ patient / client/ resident details in public areas, informing unauthorised people of people being treated within MDHS premises or programs, or releasing details without authorisation.

I,understand that I am bound by MDHS' privacy and confidentiality policy and I am legally and ethically responsible for protecting the confidentiality of patients at all times. I will not divulge any patient information to any unauthorised person nor discuss patient/client details outside the bounds of performing the duties assigned to me.

Signature _____ Date ____ / ____ / ____

Declaration

- I agree to undertake a National Police Check, and Statutory Declaration prior to commencement and every three years thereafter, which is funded by MDHS.
- I agree to undertake a Working with Children Check – Volunteer prior to commencement and every three years thereafter, which is funded by MDHS.
- I agree to complete an NDIS Worker Screening check prior to commencement
- I agree to notify MDHS of any changes to my police check status
- I agree to notify MDHS of any changes to my contact details.
- I agree to notify the Committee Secretary if I will be an apology at a meeting.
- I agree to notify MDHS of my resignation.

Signature _____ Date ____ / ____ / ____

*If applicant is under the age of 18, parent or guardian's consent to apply:

Signature _____ Date ____ / ____ / ____

Referee/s (required)

Referee 1 Name _____ Phone _____

Referee 2 Name _____ Phone _____

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Submitting your application

Mail to:
Community Engagement Partner, MDHS
PO BOX 155 Maryborough Vic 3465

Email to: consumerengagement@mdhs.vic.gov.au.

Like to know more?

If you have questions or you're interested in collaborating with us in a way that is not described, please get in touch. Email us at consumerengagement@mdhs.vic.gov.au or call 03 5440 2301.