

Expression of Interest – Capital and Coast District Health Board (C&C DHB) Consumer Committee Kapiti Health Centre

Expressions of interest are sought for members of the C&C DHB Consumer Committee, **Kapiti Health Centre**. The objective of the Consumer Committee is for Consumers and professionals working together and reflecting together to design and improve services.

The information within this form is collected for the purpose of assessing your suitability for appointment to C&C DHB Consumer Committee **Kapiti Health Centre**.

Should your application be accepted C&C DHB will use the information to match your skills and experiences alongside the objectives of the consumer committee.

The information you provide on this application¹ will be collected and held by C&C DHB in a secure database.

You have the right to access your personal information and to seek any correction you think necessary to ensure accuracy.

An information sheet with further details about the Consumer Committee and representation on this committee is included. Please call Jen Boryer (918-2223) if you have any further questions

VIA EMAIL	POSTAL
barbara.kelly@ccdhb.org.nz	Kenepuru Hospital PO Box 50-215 Porirua

Please return the completed Application Form to Barbara Kelly

Applications close at 5.00pm on the 17 June 20112010.

For assistance contact

In the first instance, phone Jen Boryer (918-2223) or e-mail jen.boryer@ccdhb.org.nz

¹ This form is adapted from the Ministry of Consumer Affairs Consumer Representative application form; plus the Health and Disability Commissioner (HDC) application form developed for its Consumer Advisory Group; Central Region's Technical Advisory Services regional consumer forum application form

PERSONAL INFORMATION		
Title <i>Please circle</i>	Mr Mrs Miss Ms Dr	
First name(s)		Preferred name <i>If different from above</i>
Last name		
Date of Birth		Gender
Citizenship status <i>Please circle</i>	NZ Citizen NZ Permanent Resident	Other citizenships
Postal Address <i>Please include your post code</i>		
Contact details <i>Please circle your preferred way of being contacted for regular communications</i>	Home phone no.	Mobile no.
	Work phone no.	Fax no.
	Email Address	
Ethnicity Which ethnic group do you belong to? <i>Mark the space(s) that apply to you.</i>	NZ European	
	Maori	
	Samoan	
	Cook Island Maori	
	Tongan	
	Niuean	
	Chinese	
	Indian	
	Other (such as Dutch, Japanese, Tokelauan) Please state	
If Maori please state iwi and hapu affiliations	Iwi affiliations	
	Hapu affiliations	

OVERVIEW OF ATTRIBUTES (Limit to two pages)

We have listed the key attributes required for a consumer representative on the Consumer Representative Forum. Please briefly describe your key abilities that align with the list of key attributes

Have experienced Hospital services (inpatient, outpatient, or community) within the last 24 months	
Have networks into the community; be known to the local DHB	
Have a current working knowledge of the health and/or disability sectors in NZ	
Have the ability to take a wider Wellington perspective as well as a local community perspective	
Recent experience as a consumer representative on a committee or board; a track record of contributing effectively and constructively at committee level	
Understand and respect confidentiality	
Strong communication skills and computer literacy; confidence with using email and internet	
Understand the principles of the Treaty of Waitangi	
Respect cultural diversity	

CONSUMER CONSTITUENCY

Please describe the consumer constituency(s) and/or community(s) you can best represent e.g. women's health, mental health and addictions, older people's health, disability, rural health, cancer services, cardiac services, Maori health, Pacifica health, new migrants and refugees, general health, child/youth health

PERSONAL STATEMENT (Limit to half page)

Please tell us why you would like to be a member of the Consumer Committee

REFEREES

Please give details of **TWO referees** relevant to this role and whom you authorise us to contact.

Name:		Brief description of your working relationship with the referee
Role Organisation		
Preferred contact details <i>Phone or email</i>		
Preferred time for contact		
Name:		Brief description of your working relationship with the referee
Role Organisation		
Preferred contact details <i>Phone or email</i>		
Preferred time for contact		

DECLARATION

I (*Please write your full name*)

declare that to the best of my knowledge, answers to the questions in this application are correct

Signature:

Date:

If you are sending this form electronically please type your name and date in the signature in the fields above.

ATTACHMENT: Detailed Curriculum Vitae

Please complete the following Curriculum Vitae template as is relevant to you. We only need enough information to be able understand your potential contribution to the Forum - key and current information only please.

LINKS TO CONSUMER CONSTITUENCY			
Name of Group and Note type of organisation: Crown, Incorporated Society, Company, Trust, Community organisation or Other.			Year started and finished Nature of involvement: Position title Elected or appointed Brief description of participation and any key achievements

COMMUNITY EXPERIENCE (UNPAID)			
Please provide details of up to five community projects or organisations you have been or are involved in.			
Name of organisation or project	Year started and finished		Nature of experience: Your role Brief description of participation and any key achievements

WORK EXPERIENCE (PAID)			
Please provide details of up to five jobs that you have held part-time or full-time including self employment. For “sector			

type”, use one of the following categories: Government, Business or Community

Name of organisation & sector type	Year started and finished	Nature of experience Your title Brief description of participation and any key achievements

RELEVANT QUALIFICATIONS /AWARDS

Please provide details of any relevant professional /trade qualifications, awards, or any other experience you believe is relevant to the role or to the RCSP work programme

Qualification/ Awards	Year achieved	Institution or organisation which conferred the qualification or the award	

ANY OTHER INFORMATION and/or SKILLS

You believe would be of value to bring to the Forum or to the RCSP work programme
CONFIDENTIAL

Time Commitment

Meetings will be 2 hours long and occur every second month.

Remuneration

There will be a payment of \$80 per meeting. A chair will be appointed for each committee who will be paid \$100 per meeting. Reasonable travel expenses will be reimbursed, subject to agreement between the consumer representative and C&CDHB.

Communication

Meeting notices and information will be communicated via email. Administration support is provided to the chair for this purpose. Administration support is also provided to take minutes of the meetings.

Number of consumers being sought for the Kapiti Health Centre Consumer Committee

10

Training

Training will be provided and will occur in one day at will take approximately 6 hours (including breaks).

Once selection has been completed for representation on the consumer committee more information will be made available.

Meeting venue for the Kapiti Health Centre Consumer Committee

Kapiti Health Centre, Warimoo Street, Paraparaumu

Attachments include

Role Description

Terms of Reference