**TGDiCH Consumer Advisory Committee**

**Expression of Interest Form**

To apply for the TGDiCH Consumer Advisory Committee, please complete this EOI Form and email it together with your CV to:

Siobhan Newman

General Manager Quality Innovation and Integration, Your Community Health

E: siobhan.newman@yourcommunityhealth.org.au.

For further information about the TGDiCH Consumer Advisory Committee, please refer to the Terms of Reference and Code of Conduct attached, or contact Siobhan Newman on 9403 1224.

**About You\***

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Gender Identity/pronouns |  | |
| Address: | Postcode: | |
| Postal Address:  (if different to above) | Postcode: | |
| Preferred Telephone: | Home | Mobile |

|  |  |
| --- | --- |
|  | Yes/No |
| I can commit to attending scheduled meetings regularly (bi-monthly) |  |
| I agree to uphold the Code of Conduct if I am selected to join the TGDiCH Consumer Advisory Committee |  |
| I am over 18 years of age |  |
| I am able to provide the details of two referees if I am shortlisted to join the TGDiCH Consumer Advisory Committee |  |

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| --- | --- |
| 1. Briefly outline why you would like to join the TGDiCH Consumer Advisory Committee? | |
| 2. Briefly outline your understanding of the health and wellbeing issues impacting trans, gender diverse and non-binary communities. | |
| 3. In what ways are you currently involved in trans, gender diverse and non-binary communities and/or community groups or organisations. | |
| 4. Tell us about your background, including the knowledge and experience you would bring to the TGDiCH Consumer Advisory Committee. | |
| Signed |  |
| Date |  |

**\****The information you provide in this form will be used for the appointment of TGDiCH Consumer Advisory Committee members. Your information will be stored securely and staff will treat your information confidentially. Your privacy is also protected.*