**Consumer Advisory Committee Information**

Your Community Health (formerly known as Darebin Community Health / DCH) has a Consumer Advisory Committee to bring the voice and experience of consumers, carers and the community into Your Community Health decision making and governance. Consumers are at the centre of the National Model Clinical Governance Framework. This information sheet gives more information about Your Community Health and the role of the Committee.

**“Consumers” are community members who are present, past or potential users of Your Community Health services, and their family members and carers.**

We welcome expressions of interest from consumers and community members to join our Consumer Advisory Committee. Please find the **Expression of Interest** form attached.

Your personal information will remain confidential.

**What is Your Community Health?**

Our purpose is to enable health, wellbeing and dignity for all people in northern Melbourne by providing responsive and accessible services. Our work is guided by our [Strategic Directions 2017-2021](https://www.yourcommunityhealth.org.au/admin/wp-content/uploads/2017/06/Strategic-Directions-2017-2021.pdf).

We operate across the seven Local Government Areas (LGAs) of northern Melbourne: Darebin, Banyule, Moreland, Yarra, Hume, Nillumbik and Whittlesea.

Our health centres are located in Darebin and our services are available to everyone in the diverse communities across northern Melbourne. We maintain services across all LGAs, through a combination of outreach, client-based and centre-based activities and co-located services.

We prioritise access for:

* Aboriginal and Torres Strait Islanders
* Newly arrived Refugees and Asylum Seekers
* Children under 12 (with support to their parents and carers)
* Adults aged 65 or over
* People who are socioeconomically disadvantaged
* People with chronic or complex conditions
* People who live in unsafe or insecure environments
* People living with a disability

You can find out more from our website: [www.yourcommunityhealth.org.au](http://www.yourcommunityhealth.org.au)

**How does the Consumer Advisory Committee work?**

The Consumer Advisory Committee is an important part of our system of good governance for our organisation. The aim of the Consumer Advisory Committee is to provide feedback and advice to strengthen Your Community Health services and programs. It is an important way we listen to our community, which helps inform our work.

The Committee includes community members who make up the majority of the Committee, and Your Community Health managers and staff. It reports to the Your Community Health Quality Committee (a sub-committee of the Board of Directors).

The Consumer Advisory Committee has a Terms of Reference (attached). Orientation is provided to all new Consumer Advisory Committee members. Articles describing some of this Committee’s work and written by Consumer Advisory Committee members for our Quality of Care and Annual Reports can be found on our website: <https://www.yourcommunityhealth.org.au/about-us/quality-accreditation/>

**What does a Consumer Advisory Committee member do?**

As a Committee member it is expected that you will:

* Be committed to a 3 year appointment
* Prepare for and attend meetings; currently formal meetings are held bi-monthly
* Express your opinion and perspective as an individual and community member, not as a representative of an organisation
* Work together with others
* Uphold the values of Your Community Health.

The Consumer Advisory Committee Member’s Roles and Responsibilities outlines 3 core roles:

1. Bring the voice and experience of consumers, carers and the community into Your Community Health governance.
2. Provide community advice that is consistent with Your Community Health values.
3. Support and foster consumer participation in Your Community Health.

**How do I become a Consumer Advisory Committee member?**

If you are **over 18 years of age** and interested in being a Consumer Advisory Committee member please complete the Expression of Interest Form. Your personal information will remain confidential.

You may be asked to attend an interview. At the interview please tell us about any support needs you might have. You will also be asked to provide contact details of two (2) referees and complete a Police Check and a Working with Children Check, and complete the Disability Worker Exclusion Scheme registration.

**Any questions?**

If you have further questions about the Committee or the Expression of Interest Form please contact:

Catherine Fraser

Service Development Officer,

Your Community Health

Telephone: 8470 1131 (Monday to Thursday)

Email: catherine.fraser@yourcommunityhealth.org.au

**Consumer Advisory Committee**

**Expression of Interest Form**

Please refer to the *Consumer Advisory Committee* *Information* that provides background information about the Committee. Detach this Expression of Interest Form, complete the questions below, and return the form:

By: **9am Monday 1st March 2021**

To: Catherine Fraser, Service Development Officer

Your Community Health

125 Blake St, East Reservoir VIC 3073

Tel: 8470 1131 (Monday to Thursday)

Email: catherine.fraser@yourcommunityhealth.org.au

**About You\***

|  |  |  |
| --- | --- | --- |
| Name  | First Name: | Last Name: |
| Address |  Postcode:  |
| Postal Address(if different to above) |   Postcode:  |
| Preferred telephone | Home | Work | Mobile |
| Email |  |
| Your Date of Birth |  |
| Do you or have in the past used YCH services? |  |

|  |
| --- |
| Why would you like to be on the Your Community Health Consumer Advisory Committee? |
| What is your connection to Your Community Health? |
| How are you a part of, or involved in, the community?  |
| Please let us know your background or experience you would bring to the Your Community Health Consumer Advisory Committee. |
| How or where did you hear about the Consumer Advisory Committee? Please tick as many as relevant.* Your Community Health Newsletter
* Your Community Health website
* Flyer / notice (Where did you see this?)

……………………………………………………………………………………………….* Your Community Health staff person (Name)

……………………………………………………………………………………………….* Community organisation (Name of organisation)

....................................................................................................................................* Other............................................................................................................................
 |
| Signed |   |
| Date |  |

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