

# Application Form

## Consumer Partnership Program



### Thank you for expressing interest in joining the Partnering with Consumers Program at Ballarat Health Services (BHS).

Consumers, are an essential part of the BHS team. Recruitment, support and supervision processes for Consumer Partners are similar to those processes for BHS employees.

Applications are invited from interested persons with a range of skills and experience in one or more of the following areas:

- Active Interest in health issues affecting the community
- Strong community links and commitment
- Good communication skills

### Personal Details

Title (please tick box):  Mr  Mrs  Ms  Miss  Dr  other

First Name:

Family Name:

Preferred Name:

D.O.B:

Address:

Post Code:

Email:

Phone:

Mobile:

Preferred method of contact:

Phone

Preferred area:

BHS wide

Email

Mental Health

Please tick yes if you consent to the storage of your details on the BHS Consumer register. This information will only be used for the purpose of contacting you and linking you to current opportunities at Ballarat Health Services.

Yes

No

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### Experience and Qualifications

Please tell us a little bit about yourself? (***Please attach a brief resume if you have one***):

What involvement do you have in our local community and/or consumer groups?

Yes       No

If yes, please describe:

Why would you like to become a member of the Consumer Partnership Program at Ballarat Health Services?

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### Referee

Please supply a name and contact details for 1 referee: (people who know you well enough to comment on your character, preferably not friends or family):

Name:

Position / Organisation:

Phone No.:

Email

Applicant's signature:

Date:

**Please return form to the Consumer Partnership Team  
Centre for Safety & Innovation Unit  
Ballarat Health Services  
PO Box 577  
BALLARAT VIC 3353**

**Or email  
Safety&innovation@bhs.org.au**