

## Top End Division of General Practice



### **Consumer Reference Group (CRG)** **Expression of Interest Nomination Form**

**Name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** Work \_\_\_\_\_ Home \_\_\_\_\_ Mob \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Before completing this application form please read the attached background material. It may help you provide us with the most relevant information to support your nomination. If you require any help or further information to complete the form please contact Liz Halls at the Top End Division of General Practice on 89821000 or any of the current members of the Consumer Reference Group (CRG) whose contact details appear on the attached list.

If you are being nominated to the CRG from an organization that you are involved with, please attach a letter of support from that organization.

Space has been allocated on the form itself, however if you wish to let us have further information that would further support your nomination then please feel free to attach extra pages.

Once you have completed the nomination form, please either mail to Liz Halls at the Top End Division of General Practice, GPO Box 757 Darwin NT 0801, fax 08 89815899 or email lhalls@tedgp.asn.au

**1. Why are you interested in joining the Top End Division of General Practice (TEDGP) Consumer Reference Group (CRG)?**

**2. Please outline any relevant experience that you have had that would/could support your nomination to the CRG.**

(NB: Formal qualifications and training are not needed to be a consumer representative. Providing details of your working and educational background however would be useful to identify what perspective's, other than consumer experience you have. You may want to attach your CV to this Nomination Form, or use the space below to include details of your committee/group memberships, your role in group activities, voluntary work and work history.)

**3. Are you seeking individual or organization nomination?**

Individual

Organizational

**If individual nomination, please go to questions 8, 9 & 10.**

**If organizational nomination please answer all the following questions (excluding question 8)**

**4. If seeking organizational nomination, do you have an agreement between yourself and your nominating organization?**

yes

no

**5. Please outline how your organization will support you as their representative?**

**6. In relation to your organizational nomination, please describe the networks you have with other community groups that may assist you to bring a broad community perspective to the CRG.**



**10. Is there anything else that you would like us (the CRG) to know about you that would support your nomination to the CRG?**

(Please use this space to identify any potential conflict of interest, such as professional interest in the area. Please also tell us anything else that may support your nomination.)

**Signature:**

**Date of application:**

**Office use only**

Date application received	Supporting documents attached	Date distributed to CRG	Decision (details attached)