**Health Equity Advisory Group**

**Expression of Interest - Application Form**

The Mackay Hospital and Health Service is seeking community members to join the Health Equity Advisory Group (HEAG). The HEAG is part of the MHH Board Governance Structure and is being established to bring the voice of Aboriginal, Torres Strait and Australian South Sea Islander patients, carers and the community into the planning, design, delivery and evaluation of healthcare throughout the Mackay, Whitsunday and Isaac regions.

To be considered for membership, please complete this form below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** | | | |
| Surname: |  | Given Name: |  |
| Address: |  | Postcode: |  |
| Phone No: |  | Mobile: |  |
| Email: |  | | |
| Organisation (if any): |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Needs and Requirements (highlight or mark with an ‘x’)** | | | | | |
| I will require support to be a member of the HEAG | | Yes |  | No |  |
| I*f yes, please provide details and indicate other support that you require, for example, disability support worker, interpreter, out of town travel, etc.* | | | | | |
| **How did you find out about the HEAG vacancies? (please tick all that apply)** | | | | | |
| Newspaper advertisement  Facebook  Online | Word-of-mouth  Previous member  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

Please provide responses to the following questions.

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| **Question 1. Please tell us why you want to be a member of the HEAG?** |
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| **Question 2 Please tell us how you are involved in your community?** |
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If you have any questions about the application process or your role as a member, please contact:

Executive Director Aboriginal and Torres Strait Islander Health, Simon Costello.

Email: [MHHS-EOM-EDATSIH@health.qld.gov.au](mailto:MHHS-EOM-EDATSIH@health.qld.gov.au)

Phone: (07) 48856826

**Thank you for completing the application!**