

Clinical Advisory Council - Application Form

# Part A: Applicant details

|  |  |  |
| --- | --- | --- |
| Given name: |  | Surname: |
|  |  |  |
| Email: |  |  |
|  | | |
| Mobile phone: |  | Alternate phone: |
|  |  |  |

# Part B: Referee details

Please provide a referee to support your application. The person could be a:

* clinical peer
* representative from a professional peak organisation
* representative from one of Primary Health Tasmania’s member organisations (refer to   
  [www.primaryhealthtas.com.au/about-us/getting-involved](http://www.primaryhealthtas.com.au/about-us/getting-involved) for a list of our member organisations)

|  |  |  |
| --- | --- | --- |
| Given name: |  | Surname: |
|  |  |  |
| Organisation and/or position: |  |  |
|  | | |
| Email: |  |  |
|  | | |
| Mobile phone: |  | Alternate phone: |
|  |  |  |

# Part C: Selection criteria

In a separate document please address the following criteria:

* ability to provide advice and guidance in the development of primary health strategy and priority setting
* experience in governance or in formal committee environments
* extensive formal and/or informal health professional linkages and local community networks
* commitment to whole of system reform including ongoing ability to contribute to core objectives of Primary Health Tasmania.

# Application submission

Return completed application form, CV and response to selection criteria by close of business **Wednesday 31 July 2019** via:

* [councils@primaryhealthtas.com.au](mailto:councils@primaryhealthtas.com.au) with the subject line ‘Clinical Advisory Council Application’; or

Clinical Advisory Council Application, Primary Health Tasmania, GPO Box 1827, Hobart 7001.