

Nomination Form

Nomination

I/We would like to nominate or self-nominate for appointment to Hauora Tairāwhiti Consumer Council.

For appointment to the Hauora Tairāwhiti Consumer Council to reflect the consumer voice in the following area(s) of interest (please tick one or more)

- Women's health
- Men's health
- Child health
- Youth health
- Older persons health
- Chronic conditions
- Mental health
- Alcohol and other drugs
- Sensory and Physical disability
- Intellectual and Neurological disability
- Rural health
- Maori health
- Pacific health
- Primary health
- High deprivation populations
- LGBTQIA
- Refugee/Migrant Health

Nominated by:

Name _____

Signature _____

Any number of people may nominate a potential appointee.

Nominations close 5pm, Monday 14 June 2021.

Please provide a **brief description** of attributes, skills, networks, and experience relevant to the potential role of Consumer Council Member, and the particular area(s) of interest.

You are welcome to attach a brief resume

Acceptance of Nomination

I _____, accept nomination for the above appointment on the Hauora Tairawhiti Consumer Council.

Signed _____

Role/Position/Retired etc _____

Address _____

Email _____

Day time phone number _____

Mobile phone number _____

Please return form to:

Consumer Council Nominations

Email – consumer.council@tdh.org.nz

Nominations close 5pm Monday 14 June 2021

Why are you interested in being on the Consumer Council?

What consumer experience would you bring to the Consumer Council?

If nominated, how will you consult with / be accountable to health consumers?

Personal Statement

TELL US A LITTLE ABOUT YOURSELF

Background

Community Involvement

Particular Health Interests

Work Experience

Other Information