



Volunteer Consumer Application Form

St Vincent's Private Hospital Brisbane recognises the importance of consumer partnerships in health care. By completing this application form, you will provide us with the necessary details to ensure we engage you in activities best suited to your area of interest and expertise. Please note when you join the Consumer Advisory Committee at St Vincent's Private Hospital Brisbane, you are also committing to supporting our sister hospital, St Vincent's Private Hospital Northside (located in Chermside, Brisbane).

Personal details

Name:

Address:

DOB

Phone:

Home

Mobile

Email:

Emergency

Name

contact

Phone

Relationship

Work details

What is your current work status? (please tick response)

Full-time

Part-time

Casual

Student

Unemployed

Retired

Please detail why you are interested in becoming a consumer volunteer.



Please detail what you hope to gain from being a consumer volunteer:

Do you have any areas of expertise that you feel may be useful in your role as a consumer volunteer?

Referees (please provide two professional referees)

Name	Relationship	Phone	Email
------	--------------	-------	-------

How did you hear about the role of consumer volunteer?

- | | |
|---|--|
| <input type="checkbox"/> Hospital Website | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Health Consumer Queensland Website | <input type="checkbox"/> SEEK |
| <input type="checkbox"/> Other (please specify) | |



Declaration

(please read each statement below and tick each checkbox to acknowledge your acceptance)

- I am applying for consumer volunteer work at St Vincent's Private Hospital Northside/
- I declare that the information contained in this application is true and correct.
- I understand that I will be required to participate in an interview and selection process and undertake a reference and background check.
- I understand that I will be required to undertake an induction program prior to my commencement, and participate in ongoing mandatory training.

Signature

Date

If you have any questions about this application form, please phone 0417 115 018

Please return completed forms via scan/email to our Person Centred Care
Manager at

katrina.sankey@svha.org.au