



CENTRAL
GIPPSLAND
HEALTH

CGH Community Network Nomination Form

Which Community Network are you interested in joining:

Community Liaison Group

Aboriginal and Torres Strait Islander Advisory Committee

Rosedale Community Health Centre Advisory Committee

NAME: _____

ADDRESS: _____

POSTAL ADDRESS (If different to above):

TELEPHONE:

BUSINESS: _____ HOME: _____

MOBILE: _____

EMAIL ADDRESS (If applicable):

ARE YOU AN ABORIGINAL OR TORRES STRAIT ISLANDER? Yes No

ARE YOU FROM A NON-ENGLISH SPEAKING BACKGROUND? Yes No

IF YES WHICH LANGUAGE? _____

- Please provide a brief outline about why you would like to become a member of the this network

- Please describe some of the local services or community activities that you have been involved with in the past or are currently involved with (if any):

- Please provide details of projects that you made a positive contribution to during your involvement with these services or groups:

- Please provide details of your special interests and skills:

Should you need any assistance with completing this form please contact the Community Networks and Volunteer Support Officer:

Phone: 5143 8833 or

Email: Jude.bridgeman@cghs.com.au

Forward the completed Nomination Form to:

Community Networks and Volunteer Support Officer

Central Gippsland Health

Palmerston Street

Sale Victoria.

Fax: (03) 5143 8890

Please note that network members will be selected on the basis of how well they are able to represent the diversity of the community and their community networks and contacts, to ensure that information and knowledge is widely distributed.