

## Te Whatu Ora Tairawhiti Consumer Council

### Nomination Form

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#### Nomination

I/We would like to nominate or self-nominate for appointment to Te Whatu Ora Tairawhiti Consumer Council.

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For appointment to the Te Whatu Ora Tairawhiti 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.*

For a brief description of attributes, skills and experience and acceptance of nomination, please complete the following:

Nominations close 5pm Friday 24<sup>th</sup> September 2022.

For a brief description of attributes, skills, networks, and experience relevant to the potential

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

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*You are welcome to attach a brief resume*

**Acceptance of Nomination**

I \_\_\_\_\_, accept nomination for the above appointment on the Te Whatu Ora Tairāwhiti Consumer Council.

Signed \_\_\_\_\_

Role/Position/Retired etc \_\_\_\_\_

Address \_\_\_\_\_

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Email \_\_\_\_\_

Day time phone number \_\_\_\_\_

Mobile phone number \_\_\_\_\_

Please return form to:

“Consumer Council Nominations”

Email – [consumercouncil@tdh.org.nz](mailto:consumercouncil@tdh.org.nz)

Nominations close 5pm Friday 24<sup>th</sup> September 2022.

Why are you interested in being on the Consumer Council?

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What consumer experience would you bring to the Consumer Council?

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

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Personal Statement

TELL US A LITTLE ABOUT YOURSELF

Background

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Community Involvement

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Particular Health Interests

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Work Experience

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Other Information