

## Jaghu Consumer and Community Advisory Group Expression of Interest Form

Name							
Street address							
Suburb							
State			Post Code				
Email address							
Best contact number							
Preferred gender	She/Her	He/Him	They/Them	Non-bin	ary	Other	
pronoun: (please circle)	Prefer not to say						

## Racial equity and diversity profile

Do you identify as Aboriginal and/or Torres Strait Islander?	<ul><li>□ Aboriginal</li><li>□ Torres Strait Islander</li><li>□ Aboriginal and Torres Strait Islander</li><li>□ Neither</li></ul>
Are you the parent/carer of a child that Identifies as Aboriginal and/or Torres Strait Islander?	<ul><li>□ Aboriginal</li><li>□ Torres Strait Islander</li><li>□ Aboriginal and Torres Strait Islander</li></ul>
Do you need support to participate?  For example: interpreter, hearing loop, support person	☐ Yes☐ No☐ No☐ If yes, please give details of support needed:





## Questions

Please outline why you would like to be on the Jaghu Consumer and Community Advisory Group						
What Jaghu Maternal and Infant Program services have you accessed in the last 12 months?						
The Jachu Consumer and Community Advisory Group will meet every 2 mont	hs face-to-face at various					
The Jaghu Consumer and Community Advisory Group will meet every 2 months face-to-face at various locations in the West Moreton region.						
The Advisory Group members will also have access to a Microsoft Teams por each other between meetings. This portal will be established by WMH.	tal to collaborate with					
If selected, will you be available to attend Advisory group meetings?	Yes / No					
(please circle)	N / N					
If selected, will you have access to technology (laptop/tablet/mobile) to	Yes / No					
access the Microsoft Teams App? (please circle)						
<b>Where possible</b> we will try to schedule meetings at a time when most ravailable.	nembers will be					
What day/s of the week are you most available to meet?						
What time of day are most available to meet?						

## Please return this application to:

Nicole Moller - Clinical Midwife Consultant by email <a href="mailto:nicole.moller@health.qld.gov.au">nicole.moller@health.qld.gov.au</a> .

Applications close 5pm Sunday, 9 March 2025

For help completing this form or for more information, contact Nicole Moller by email at <a href="mailto:nicole.moller@health.qld.gov.au">nicole.moller@health.qld.gov.au</a> or by phone on 0457 669 505.

You will be contacted shortly about your expression of interest. Thank you for your interest in West Moreton Health.