MATERNITY AND NEWBORN CLINICAL GUIDANCE eHANDBOOKS COMMITTEES

Expression of interest form

## Contact details

Title:  
First name:   
Last name:   
Email address:   
Preferred contact number:

Preferred committee(s):

Governance Committee

Maternity Expert Working Group

Neonatal Expert Working Group

Consumer (including First Nations Consumers)

## I have attached a letter of support from my employer

## Selection criteria questions

Please prepare answers to the following questions (no more than two pages in total).

1. **Why are you interested in this role?***For example, briefly describe how your clinical or your lived experience and other knowledge and skills that would be of value to the team.*
2. **What experience do you have representing consumers or communities?**

*For example, working groups, committees or reviewing resources.*

1. **What is your availability to commit to working with the Guidance team?**

*For example, if you are only available on specific days or times*