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*