

**CAPITAL HEALTH NETWORK GENERAL PRACTICE ADVISORY COUNCIL
MEMBER NOMINATION FORM**

NOMINEE INFORMATION	
Name:	
Title:	
Organisation:	
Address:	
Email:	
Telephone:	
<p>NOMINATION REQUIREMENTS- Please review and complete the nomination documentation as outlined.</p> <p><input type="checkbox"/> Curriculum vitae: Please attach a copy of your CV of no more than 3 pages.</p> <p><input type="checkbox"/> Statement: Nominees should submit a statement in support of their application and no more than 250 words. Such statements should provide a brief profile including relevant experience and set out why you consider yourself appropriate for a position as a member of the General Practice Advisory Council. Please attach separately.</p> <p>Key considerations may include:</p> <ol style="list-style-type: none"> 1. an understanding of priority areas and issues in general practice and the ability to leverage networks to canvas views and opinions 2. a broad understanding of primary health care and the local health care system 3. the ability to prepare for, attend and participate in a minimum of three meetings each year. <p><input type="checkbox"/> Confirmation of membership: Please complete the statement below confirming membership of Capital Health Network. If you are not currently a Member of CHN, you can apply for free by visiting Capital Health Network About Us - Membership.</p>	

Please complete one of the following:

I, _____, confirm that I am a member of Capital Health Network in the General Practice Class and wish to be considered for a position on the General Practice Advisory Council.

or

I, _____, am no currently a member of Capital Health Network in the General Practice Class but have applied for membership.

Please return completed nomination form, CV and statement to boardsecretariat@chnact.org.au by 30 January 2024.