



Partnership Advisory Council - Application Form

Please email the completed application form and attach a one page resume to partnershipcouncil@lh.org.au:

Name:	
Address	
Phone:	
Please write a short statement about why you are interesting in participating in the Partnership Advisory Council	
Please write a short statement about how you represent the different communities that Lifehouse serves (e.g. patients, carers, family members, visitors, etc)	
Please write a short statement about your involvement in broad community issues and experience as an active community participant or community representative	
Please write a short statement about your understanding of the needs, experiences and health care concerns of different consumer groups and communities that access Lifehouse services.	
I am available for Council meetings on the 3 rd Wednesday of every 2 nd month for 2 hours at Lifehouse.	

Further notes:

