

15 November 2017

This form is to be lodged **no later than 15 December 2017**

Please mail to: Lynda Poke, General Manager, Springs Medical, 10 Hospital Street,
Daylesford Vic 3460 or email to l.poke@springsmedical.com.au

Candidates will be advised by no later than 15 January 2018 of the outcome of your
application.

Nominee personal information

- Patient / Participant (tick one box only) (complete Q 1. and Q 7. only)
- Community Representative (tick one box only) (complete Q 2. to Q 7.)

Name _____

Address _____

Home Phone _____

Email _____

Mobile Phone _____

Purpose

SIS Advisory Group members will act as advisors to Springs Medical and make
recommendations to the Springs Medical SIS Management Committee.

In addition to the current SIS Programs evaluation policies and procedures (as defined by
the funding agreement) the Put a Spring In your Step Wellness Program (SIS) Advisory
Group will provide a regular forum for program consultation and review, provision of
independent advice and feedback and may also provide advice regarding additional health
needs and potential funding opportunities for health promotion, disease prevention and
chronic disease management programs for the local communities.

Ultimate responsibility for decision making and operational matters continues to rest with
the Board, Doctors, staff and allied health associates of Springs Medical.

Scope

- To provide independent input and advice to Springs Medical SIS Management Committee
on major/key aspects of SIS Program delivery.
- To provide independent input and advice to Springs Medical SIS Management Committee
on community needs especially related to health promotion, disease prevention and
chronic disease management.

- To participate in literacy, communication and quality measures by monitoring all communication methods within the SIS program.
- To contribute to the ongoing design and implementation of the SIS program.
- To provide independent advice on key implementation issues;
- Provide independent evaluation and feedback of the SIS Program including implementation process and identify areas of improvement

Meetings

Meetings will be held at 10 Hospital Street Daylesford two to three times over the remaining six months of the program (likely to be early evening mid-week). Should the program receive funding for periods beyond 1 July 2018, the Group may be requested to continue beyond this time frame otherwise the Group may cease at the end of the current SIS Program Funding.

Secretarial support for the SIS Advisory Group will be provided by a nominated Springs Medical administration officer.

Expressions of interest - Selection Criteria

Q1. (For Participants in current SIS program) - When did you start and what have you achieved from the program?

Q2. Can you please describe your demonstrated broad understanding of community needs, concerns and issues relating to Wellness / Health Promotion and or Chronic illness in rural/ regional communities? (please provide a brief description)

Q3. What experience do you have in objectively considering community and health, wellbeing and chronic illness issues?

Q4. What is your demonstrated ability to work as part of a team and be solution focussed?

Q5. What additional details, including your background, skills, and interest in health and wellness programs do you feel would assist you in making a positive contribution to the Springs Medical SIS Advisory Group? (please attach a copy of your CV).

Q6. What other community organisations are you currently involved in?

Q7. Why do you want to be a member of this Advisory Group?

Signature:

Date:

Signed as a true and correct record