HCCWA Board Member Expression of Interest 2026

Thank you for your interest in nominating for the Health Consumers' Council WA Board (also known as the Management Committee).
If you have questions about this process, or need assistance with submitting your nomination, please contact Clare Mullen at CEO@hconc.org.au
Thanks,
Clare

* Required

* This form will record your name, please fill your name.

Contact Details

1. Full name *

2. Preferred name

3. Email *

4. Phone number *

5. Suburb / Postcode *

6. LinkedIn Profile (optional)

Eligibility

7. Please confirm that: *

- [ ] I am over 18 years of age
- [ ] I am not disqualified from serving on the committee of an incorporated association under the Associations Incorporation Act 2015 (WA)
- [ ] I am not an undischarged bankrupt and am not subject to insolvency administration
- [ ] I have not been convicted of a serious offence that would make me ineligible to serve on the committee
- [ ] I am a member of HCCWA or am willing to become a member prior to nomination
- [ ] I support the objects and purpose of HCCWA

About You

8. Which of the following best describe you? (Select all that apply) *

- [ ] Health consumer as a patient, client or service user
- [ ] Unpaid carer for someone with a disability or ongoing health condition
- [ ] Person with lived experience of disability
- [ ] Aboriginal and/or Torres Strait Islander person
- [ ] Person from a culturally and linguistically diverse background
- [ ] Regional or remote resident
- [ ] Aged under 40 years
- [ ] None of the above
- [ ] Other

Motivation

9. Why would you like to join the HCCWA Board? (250 words maximum) *

Skills

10. What is your current role (if any)? *

11. Please let us know which of these skills and experiences you bring? Please tick all that apply. *

- [ ] Governance understanding
- [ ] Financial literacy
- [ ] Strategic thinking
- [ ] Risk awareness
- [ ] Lived experience and advocacy
- [ ] Governance leadership
- [ ] Financial expertise
- [ ] Legal expertise
- [ ] Health system expertise
- [ ] Consumer and community engagement
- [ ] Government relations and policy
- [ ] Funding and partnerships
- [ ] Communications and media
- [ ] Digital, privacy and cybersecurity
- [ ] Not for profit and charity sector knowledge
- [ ] Other

12. Please tell us how your skills, knowledge, experience or perspectives you have indicated above will add to the effectiveness of both the HCCWA Board, and HCCWA as an organisation. (250 words maximum) *

13. Is there anything else the Board should know about your perspective, lived experience, networks or background that would assist us in building a diverse and effective Board? (250 words maximum) *

Lived Experience

14. Please describe your involvement in community, consumer, advocacy or not-for-profit activities over the past five years. (250 words maximum) *

Understanding of HCCWA's purpose and work

15. What do you believe are the key issues impacting on health consumers in WA currently? (250 words maximum) *

16. What do you see as being the key strategic issues facing HCCWA as an organisation over the next five years? (250 words maximum) *

Governance commitment

17. Please indicate your understanding of the role of a board member: *

- [ ] I understand that a board member's role is governance rather than operational management.
- [ ] I understand that board members are expected to act in the best interests of HCCWA.
- [ ] I understand that board members must declare and manage conflicts of interest.
- [ ] I understand that board papers may be confidential.

Availability

18. Are you able to: *

- [ ] Attend regular board meetings (approximately every 2 months)
- [ ] Participate in regular sub-committee or working group meetings
- [ ] Attend the AGM on 3 December
- [ ] Commit to governance training and induction activities if required

Resume Upload

CVs cannot be uploaded here. Alongside this EOI application, please also email your CV to: governance@hconc.org.au

19. Confirm that you have emailed your CV to: governance@hconc.org.au

- ◯ Yes
- ◯ Other

Referee Details

Please provide the names of at least one person who can comment on your experience and knowledge as it relates to this EOI

20. Referee Name *

21. Organisation (if applicable) *

22. Email *

23. Phone number *

24. Referee #2 (optional) *

Referee #2

(optional)

25. Referee Name

26. Organisation (if applicable)

27. Email

28. Phone number

Declaration

29. I declare that: *

- ◯ The information provided is true and correct.
- ◯ I understand that submitting an EOI does not guarantee nomination.
- ◯ I understand that the Board will review EOIs and determine which candidates proceed to nomination.
- ◯ If endorsed, I agree to have my name and a short candidate statement provided to members before the AGM.

30. Today's date of consent *