

NATIONAL COLLABORATIVE NETWORK FOR CHILD HEALTH INFORMATICS

EXPRESSION OF INTEREST

The National Collaborative Network for Child Health Informatics is identifying and scoping a number of strategic national projects and initiatives in the second half of 2017, aimed at achieving positive health and wellbeing outcomes for Australian children and adolescents, made possible through patient-centred and clinician-friendly digital systems and capabilities.

Name:			
Phone No:			
Email:			
State / Territory:			
Organisation represented: (if applicable)			
Please indicate which group you would like to apply to be part of:	<input type="checkbox"/>	Partnership Groups	
	<input type="checkbox"/>	Expert Reference Group – Community & Clinical Work Stream	
	<input type="checkbox"/>	Expert Reference Group – ICT & Digital Work Stream	
	<input type="checkbox"/>	Expert Reference Group – Research Work Stream	
Please indicate which group you represent:	<input type="checkbox"/>	Community and Clinical	
	<input type="checkbox"/>	Industry	
	<input type="checkbox"/>	Consumer	
	<input type="checkbox"/>	Research or Policy	
Background:	<input type="checkbox"/>	Health	<input type="checkbox"/> Consumer
	<input type="checkbox"/>	Nursing	<input type="checkbox"/> Policy
	<input type="checkbox"/>	Medical	<input type="checkbox"/> ICT industry
	<input type="checkbox"/>	Education & social services	<input type="checkbox"/> Research
Expertise:	<input type="checkbox"/>	Primary care/general practice	<input type="checkbox"/> Community health
	<input type="checkbox"/>	Emergency/specialist care	<input type="checkbox"/> Population/public health
	<input type="checkbox"/>	Rural/remote service delivery	<input type="checkbox"/> Indigenous health
	<input type="checkbox"/>	Mental health	<input type="checkbox"/> Informatics and analytics
	<input type="checkbox"/>	Safety and quality	<input type="checkbox"/> Child protection/children at risk
	<input type="checkbox"/>	Digital health/ICT	<input type="checkbox"/> Other, please specify: _____

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Please briefly outline any skills, attributes and experience that supports your application

I am willing to travel to a different State or Territory to attend a meeting, if required:

Yes No

I have attached my CV: Yes No

If you have any questions about the Partnership Groups or the Expert Reference Group, please contact the National Collaborative Network for Child Health Informatics Program on: EHNSW-Child-Health-Informatics@health.nsw.gov.au

*Please email this form, along with your CV, by 19th May 2017 to:
EHNSW-Child-Health-Informatics@health.nsw.gov.au*