**Clinical Council   
Northern Adelaide Region**

**Application Form**

The **Northern Adelaide Clinical Council** currently has a vacancy for an Allied Health provider, who must be working in Mental Health and delivering services in the northern Adelaide metropolitan area.

Primary Health Networks (PHNs) have been established by the Federal Government with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

To ensure we benefit from the experience of frontline health practitioners, Adelaide PHN has established three Clinical Councils which are geographically based:

* **Northern Adelaide Clinical Council**
* **Central Adelaide Clinical Council**
* **Southern Adelaide Clinical Council**

Each Clinical Council is a member of Adelaide PHN and each feeds directly into the Membership Advisory Council (MAC) providing advice and counsel from the clinical community. The Clinical Councils meet quarterly per financial year and members are remunerated for their time.

Clinical Councils are regional champions for their communities, and it is their job to proactively influence the direction and activities of Adelaide PHN, addressing inter-sectoral care, service gaps and integrated care plan pathways.

Clinical Councils discuss the key priority areas for primary health in their geographic region, in line with the APHNs national and local/regional priorities.

For further information on the three established Clinical Councils, please visit <http://adelaidephn.com.au/collaborate-with-us/clinical-councils/>

**To Apply:**

Please provide the following information and attach any relevant documents:

**Position Applying For: Allied Health Provider, Northern Adelaide Clinical Council**

**Personal Information  
  
Title:** Click here to enter text.

**First Name:** Click here to enter text.

**Last Name:** Click here to enter text.

**Mobile Number:** Click here to enter text. **Email Address:** Click here to enter text.

**Organisation:** Click here to enter text.

**Postal Address:**

**Street** Click here to enter text. **Suburb** Click here to enter text.

**Postcode** Click here to enter text.

**Please respond to the following:**

* **What would you bring to the Clinical Council role and how would your special interests contribute to the work of the Clinical Council and the APHN?** Click here to enter text.
* **Please outline any previous committee or working group experience that would contribute to the work of the the Clinical Council**. Click here to enter text.

**To Submit Your Application**

Please email or post your:

* **Resume**
* **Two Referees**

**To:** Jodie Casey

**Email:** [employment@adelaidephn.com.au](mailto:employment@adelaidephn.com.au)

**phone:** 8219 5900

**Closing Date:** COB Wednesday 26 October 2016

Thank you for your nomination.