Government of Western Australia
Department of Health

WAGSIC consumer representative - Expression of Interest

Please note: This document is provided for reference purposes only and is intended to help applicants review the application questions in advance. To complete and submit your application, please use this Microsoft Forms link.

If you experience any accessibility issues or require assistance completing the application, please contact genomics@health.wa.gov.au and we will work with you to identify a suitable alternative arrangement.

The Office of Population Health Genomics (OPHG), on behalf of the Western Australian (WA) Department of Health, is seeking expressions of interest (EOI) from people with

lived experience of a genetic condition, genetic testing, genetic health care, or caring for someone who has accessed these services in the WA public health system.

The OPHG is currently seeking one consumer representative for the WA Genomics Strategy Implementation Committee (WAGSIC). If you are interested in being considered for this role, please submit your EOI by **5:00PM AWST, 20 September 2026**.

Further information about this position, including the selection criteria, can be found at: Expression of Interest: consumer representative to help shape the future of genomic health care in WA

How your application will be assessed

The questions in this form have been designed to help applicants demonstrate their experience, skills and suitability for the position as described in the position's selection criteria. When responding, we encourage you to provide examples from your lived experience, consumer representation, advocacy or engagement activities, committee participation, community involvement, professional experience or other relevant activities where appropriate.

Personal details

Please provide your contact details so we can communicate with you about your Expression of Interest

1. Title *(required)*
    - Dr
    - Mr
    - Mrs
    - Ms
    - Other

2. First name *(required)*
3. Last name (*required)*
4. Preferred name *(optional)*
5. Preferred pronouns *(optional)*
    - She/Her
    - He/Him
    - They/Them
    - Prefer not to say
    - Other
6. Email address *(required)*
7. Contact number *(required)*
8. Organisation *(optional)*

Lived experience and access to genetic health care

Please tell us about your lived experience of a genetic condition or your experience accessing genetic health care as a patient, carer, or family member.

Definitions for this EOI:

Genetic condition is defined as a disease from change(s) to an individual's DNA sequence.

Genetic health care means health care that uses information about a person's genes, inherited conditions or genetic changes to help diagnose, manage or treat health conditions.

Genetic health care may include:

- Seeing a clinical geneticist or genetic counsellor
- Having genetic testing for yourself or a family member
- Discussing genetic testing results and what they mean for your health
- Receiving information about inherited conditions and family health risks
- Reproductive or prenatal genetic testing
- Cancer care that uses genetic testing to guide treatment or identify inherited cancer risk

Care in specialist services where genetic information is used as part of diagnosis or treatment, such as paediatrics, neurology, cardiology, nephrology or ophthalmology.

In Western Australia, genetic health care may be provided through Genetic Health WA or through other hospital and community health services that use genetic or genomic information as part of patient care.

9. Briefly describe your lived experience of a genetic condition or experience as a consumer of genetic health care in the WA public health system. (*required)*

   Please only provide information you are comfortable sharing.
   You may wish to include:
   - *whether your experience is as a patient, carer or family member*
   - *the genetic condition(s) involved*
   - *the type(s) of genetic healthcare services accessed*
   - *approximately how long you have been involved with these services*

Motivation and advocacy

Please tell us why you are interested in being a consumer representative for the WAGSIC and contributing to improving genetic health care experiences for all Western Australians.

10. Why are you interested in contributing to the WAGSIC and improving consumers' experiences of accessing genetic health care? *(required)*

    Please describe your motivations for taking on this role and what you hope to contribute to the committee.

11. A key part of this role is representing the interests of consumers whose experiences may differ from your own. How would you approach this responsibility? *(required)*

    This may include listening to others in support groups, drawing on feedback from community networks, considering needs and perspectives of people with different experiences and ensuring those views and concerns are reflected in your contributions as a consumer representative.

12. As a consumer, have you previously been involved in any of the following? *(required, tick all that apply)*

    - ○ Consumer representative role
    - ○ Advisory group
    - ○ Committee
    - ○ Board
    - ○ Community group
    - ○ Advocacy organisation
    - ○ Service improvement project
    - ○ Research project
    - ○ Other

13. Briefly describe your experience contributing to consumer representation, advisory, consultation, advocacy, or decision-making activities. *(required)*

    Please tell us about any experience you have as a consumer representative, contributing to advisory groups or committees, participating in consultations or service improvements, supporting advocacy activities or otherwise helping inform decisions that affect consumers, carers or communities. If you have experience with policy, research, governance or service planning, please include this as well.

14. Please describe any networks that help you stay informed about the views and experiences of other consumers. *(required)*

    Examples may include support groups, community organisations, consumer groups, advocacy organisations, online communities, professional networks peer support groups, social networks, local community groups and condition-specific communities.

Communication and participation

15. Do you have basic familiarity with using email, Microsoft Teams and Microsoft Office applications (e.g. Word, Excel, PowerPoint)? *(required)*

    Options for support can be explored.
    - Yes
    - I would require support

16. Are you willing and able to attend two meetings per year during business hours (9:00 am – 5:00pm, Monday to Friday)? *(required)*

    The WAGSIC generally meets twice each year, usually in March and September. Meeting dates are scheduled well in advance to accommodate members' availability and are typically held during business hours (9:00 am–5:00 pm). Generally, one meeting peryear is held in person at the Department of Health offices in East Perth, and the other online via Microsoft Teams.
    - Yes
    - No

17. Are you willing and able to commit to between 1-2 hours of out-of-session work a month on average, including reviewing meeting papers prior to attending? *(required)*

    In addition to attending meetings, members are expected to:

    - *review meeting papers and agenda items before each meeting (up to two hours)*
    - *attend a pre-meeting discussion with the other consumer representatives on the WAGSIC (approximately one hour)*
    - *respond to occasional email correspondence or provide out-of-session feedback on key deliverables between meetings.*

    The period immediately before the March and September meetings is typically when the greatest time commitment is required. Consumer representatives are reimbursed for their time commitment at a rate of $75/hour as per the Department of Health's Consumer, Carer and Community Paid Participation in Engagement Activities Policy.

    - Yes
    - No

18. Please describe any commitments or circumstances that may affect your ability to participate in WAGSIC activities. *(optional)*

    The period immediately before the March and September meetings is typically when the greatest time commitment is required. Please describe any commitments that may affect your ability to participate in these activities.

Diversity questions

The Office of Population Health Genomics is committed to diversity and inclusivity, and is seeking representation from priority populations, including culturally and linguistically diverse peoples, Aboriginal people, people living in regional and remote areas and people living with disability. As such, we have included questions about your background.

This information helps us understand who is applying, the diversity of applicants and how we can support representation across the community. Your answers to these questions will not be used to assess your skills, experience or suitability for the role. This information may be considered separately by the review panel when seeking a diverse and inclusive group of consumer representatives that reflects the WA community.

19. Do you or another member of your household speak a language other than English at home? *(required)*
    - Yes
    - No
    - Prefer not to say

20. Which country were you born in? *(required)*
    - Australia
    - United Kingdom
    - New Zealand
    - China
    - India
    - Philippines
    - Vietnam
    - Italy
    - South Africa
    - Malaysia
    - Sri Lanka
    - Prefer not to say

21. Are you of Aboriginal or Torres Strait Islander origin? *(required)*
    - Yes, Aboriginal
    - Yes, Torres Strait Islander
    - Yes, both Aboriginal and Torres Strait Islander
    - No
    - Prefer not to say

22. Do you live in a rural, regional or remote area? *(required)*
    - Yes
    - No
    - Prefer not to say

23. What rural, regional or remote area do you live in? *(required)*

24. Do you live with a disability or care for someone living with a disability? *(required, select all that apply)*
    - Yes, I live with a disability
    - Yes, I care for someone living with a disability
    - No
    - Prefer not to say

Closing remarks and submission

25. Would you like to be contacted if additional opportunities to be involved in the implementation of the WA Genomics Strategy arise in the future? *(required)*
    - Yes
    - No

26. How did you hear about this EOI? *(optional)*
27. Thank you for your response. Any further relevant information, questions or feedback about this EOI can be included below *(optional)*

This document can be made available in alternative formats on request for a person with disability.