Expression of Interest: Greater Choice for At Home Palliative Care Steering Committee

Are you passionate about improving palliative care in the community? Would you like to contribute your expertise to help shape a more coordinated and patient-centred approach to end-of-life care?

**North Western Melbourne Primary Health Network (NWMPHN) is seeking expressions of interest for members to join our Greater Choice for At Home Palliative Care Steering Committee. We are looking for community members who have supported an adult family member or friend through palliative care.**

NWMPHN receives Commonwealth funding to deliver the [Greater Choice for At Home Palliative Care](https://nwmphn.org.au/our-work/priority-populations/palliative-care/) (GCfAHPC) program. This initiative boosts palliative care coordination and integration to support people who have a known life-limiting condition and want to die at home, by improving choice and quality of care and support in the home.

**Why join?**

As a GCfAHPC Steering Committee member, you will:

* influence change in how palliative care is delivered in our region
* collaborate with health care professionals and others to improve care for people who wish to die at home
* contribute your expertise to guide program activities and capability-building initiatives
* stay informed and connected with the latest developments in primary and palliative care integration.

The Greater Choice for At Home Palliative Care Steering Committee

The GCfAHPC Steering Committee provides guidance to the development and implementation of GCfAHPC program activities, and ensures they are tailored to primary care audiences working in the region.

The Committee:

* assists with understanding the experience of primary care providers of palliative care in the NWMPHN region
* provides recommendations for improvements to local palliative care processes to support better outcomes in the home for patients, carers and medical teams
* informs palliative care capability building activities for primary care in the NWMPHN region
* provides advice on NWMPHN support and coordination requirements.

Your role as a member of the GCfAHPC Steering Committee

You will be expected to:

* attend four 1-1.5-hour meetings a year, held online using Microsoft Teams, with potential for hybrid or in-person options as determined by the Committee
* contribute your opinion and advice based on your experience and insights
* contribute effectively to the items presented for discussion and feedback
* complete tasks as required, including any pre-reading before meetings.

Remuneration

All Committee members are remunerated for meeting participation in accordance with the NWMPHN [Stakeholder Reimbursement Policy](https://app.prompt.org.au/download/184458?code=1da79e2e-ed78-416c-a7bf-c0d15e8d8a0d). If members are otherwise salaried or remunerated by other organisations for their time as part of this Committee, then no further remuneration from NWMPHN shall apply.

How can you be involved?

If you are interested in joining the Steering Committee, please complete and return the application form.

**Applications close 5pm Friday, 12 September 2025.**

**For more information contact:**

Jen Francis
Lead, Quality Improvement – Palliative Care
NWMPHN
Phone: (03) 9347 1188
Email: primarycare@nwmphn.org.au

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*Please complete and return to* *primarycare@nwmphn.org.au*

***Applications close 5pm Friday, 12 September 2025*.**

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| Name: |  |
| Contact details: | Phone: | Email: |
|  | Address: |
| **Expression of interest questions** |
| 1. Why do you want to be a member of the GCfAHPC Steering Committee? (max. 200 words)
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| 1. What key knowledge, experience and skills will you bring to the GCfAHPC Steering Committee? Please restrict your answer here to 200 words. You may attach additional material, such as a resume.
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| 1. Please describe your ability to provide a perspective of the interests of primary care and/or palliative care (max. 200 words).
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| 1. What do you anticipate will be the barriers (if any) to your participation in the GCfAHPC Steering Committee? (max. 100 words)
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| Additional comments: |
| Please provide any additional information to support your application. |

Declaration

[ ]  I declare that I am willing to meet the expectations listed above for membership of the Greater Choice for At Home Palliative Care Steering Committee.

**Date:**

