Alcohol and Other Drugs (AOD) Advisory Committee

Central and Eastern Sydney PHN is seeking individual expressions of interest for membership of the Alcohol and Other Drugs Advisory Committee. Please complete the below EOI, demonstrating your interest and experience.

EOIs are due by COB 31/01/2025 via email to Adrienne Mazo at [a.mazo@cesphn.com.au](mailto:a.mazo@cesphn.com.au)

**Membership composition**

To be eligible to apply to become a member of this Advisory Committee applicants must live, work or provide services in the CESPHN region.

The composition of the Alcohol and Other Drugs Advisory Committee reflects the diversity of the community and will include the following representation:

* People who have lived and living experience of alcohol and other drug use
* Families and carers
* Aboriginal and Torres Strait Islander people
* Multicultural communities
* Peak bodies
* Community managed organisations
* General practitioners / allied health professionals / pharmacists
* Universities / research institutions
* South Eastern Sydney LHD
* Sydney LHD
* St Vincent’s Health Network

Appointed members must live or work within the [Central and Eastern Sydney catchment](https://cesphn.org.au/wp-content/uploads/2022/09/20211123_CESPHN_catchment_area_by_postcode.pdf).

CESPHN is committed to ensuring diversity of perspectives and seeks to appoint members reflective of diversity in age, gender, geographical and cultural background.

The committee will not exceed 25 members excluding CESPHN representatives.

Application and appointment process

Applications are due by **31 January 2025**. We will consider the applications and advise successful applicants by 14 February 2025. If you have any questions relating to the CESPHN Alcohol and Other Drugs Advisory Committee, please contact CESPHN’s Drug Health Program Officer via email at a.mazo@cesphn.com.au.

Submit applications

Complete the attached *Expression of Interest* form demonstrating your interest and experience and outline how you would contribute to the Alcohol and Other Drugs Advisory Committee. Submit your application via email to a.mazo@cesphn.com.au.

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| **Personal information** | | |
| **Title** |  | |
| **Name** |  | |
| **Phone** |  | |
| **Email** |  | |
| **Role/ position** |  | |
| **Employer** |  | |
| **Business address** |  | |
| **Do you identify with the following (optional)** | Aboriginal or Torres Strait Islander | ☐ |
| Multicultural background | ☐ |
| LGBTIQ+ | ☐ |
| Having a lived or living experience of alcohol and other drugs? | ☐ |

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| **Please complete the following** |
| 1. **Why does being a member of the Alcohol and Other Drugs Advisory Committee interest you?** |
| 1. **Please describe your experience within the alcohol and other drugs treatment sector.** |
| 1. **Recommend some key issues the CESPHN Alcohol and Other Drugs Advisory Committee could address.** |
| 1. **Please indicate your availability for the following meeting times in 2025:**   ☐ 1pm-3pm, 13 March 2025 – Mascot (in person)  ☐ 1pm-3pm, 24 July 2025 - Online  ☐ 1pm-3pm, 23 Oct 2025 – Online |

Thank you for your application