**Public Submission Form**

**Please complete this sheet and submit with any attachments at the** [**Submission Portal.**](https://consultation.health.wa.gov.au/sgd-governance-system-support-directorate/independent-governance-review-submission-portal/start_preview?token=83c23276cc20670e12772d87d9f2f0b67fb7a7d9)

***The submission and survey responses you provide will help to inform the Expert Panel’s advice in its Report to Government on the Review. The Government may use that Report to inform future changes to laws and policies relating to the governance of the WA health system.***

***Please contact the Review Secretariat at*** **IndependentGovernanceReview@health.wa.gov.au** ***if you have any further questions about your submission or survey response and how your information will be handled.***

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| **Your Personal Details** ***You are not required to provide any personal information to make a submission to this review. All fields on this submission form relating to personal information are optional.******If you do provide your email address, we may use it to provide you consolidated feedback on the submissions we receive or seek clarification on your submission.*** ***If you do provide this information you can still opt for your submission to remain anonymous.******We will never publish your contact details. Your contact details will only be used for this consultation.*** |
| **Title** | Mr[ ]  Miss[ ]  Mrs[ ]  Ms[ ]  Dr[ ]  Other[ ]   |
| **Organisation** |  |
| **First Name(s)** |  |
| **Surname** |  |
| **Email Address**  |  |

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| **Publication of Your Submission** ***Submissions will be published at*** [***Independent Governance Review of the Health Services Act 2016***](https://ww2.health.wa.gov.au/About-us/Department-of-Health/Independent-Governance-Review-of-the-Health-Services-Act-2016) ***unless you have chosen to make a confidential submission.*** |
| [ ] Publish my submission with my name and/or organisation[ ] Publish my submission anonymously[ ] Do not publish my submission (confidential submission) |

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| **Submission Response Field** ***Please type your response into the field below. Alternatively, you may provide your submission as a separate attachment (suggested maximum five (5) pages).******Please do not provide the following types of information in your submission and/or survey response:**** ***Information that would identify a third party (for example, the name of a patient, clinician or administrator). We may redact or not publish submissions that identify third parties, or that are regarded as defamatory or discriminatory.***
* ***Sensitive information including your race or ethnic origin or political opinion.***
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| *Insert Response Here* |