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| COVID-19 Vaccine Engagement – Vaccination champions |
| Expression of Interest |
| OFFICIAL  Who are Vaccination Champions?    Trusted members of the community from clinical backgrounds who are comfortable and confident to:     * share information and messages * answer questions * discuss risks and clinical concerns regarding the COVID-19 vaccination program |

# **Contact Details**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

## What is your profession?

Click or tap here to enter text.

# **What is your AHPRA/RACGP/RACP number?**

Click or tap here to enter text.

## What current community or community organisation/s are you connected with?

Click or tap here to enter text.

## Are you of Aboriginal and/or Torres Strait Islander Origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

Prefer not to share

## Are you from a Culturally and linguistically diverse (CALD) background?

Yes

No

Prefer not to share

If Yes please include which cultural group/s you identify with and languages other than English that you speak Click or tap here to enter text.

## Why do you want to be a clinical champion?

Click or tap here to enter text.

## What skills, relationships and experience can you bring to the role?

Click or tap here to enter text.

## Please check the below boxes for what roles you are willing to undertake.

|  |  |
| --- | --- |
| Present to community groups, incorporating Key Messages provided by the Department of Health when delivering information |  |
| Share Victorian Department of Health COVID-19 immunisation videos on social media |  |
| Post personal COVID-19 vaccination promotional videos to social media |  |
| Participate in local media opportunities arranged by the Department of Health |  |
| Report back on engagement activities undertaken and feedback from the community |  |
| Provide insights to the Department of Health around key concerns or issues identified through your engagement |  |
| Other – please detail:  Click or tap here to enter text. | |

## What kind of support would you need to participate in the roles identified above?

Click or tap here to enter text.

## I would like to be reimbursed for my time

## OR

## I would prefer to undertake this role in a voluntary capacity

## Is there anything else you would like to add?

Click or tap here to enter text.