

Ms Monica Schlesinger s 47F

Dear Ms Schlesinger

## OFFER OF APPOINTMENT CARDIOTHORACIC PROSTHESES CLINICAL ADVISORY GROUP

I am pleased to offer you the appointment as a committee member of the Cardiothoracic Prostheses Clinical Advisory Group for the period 1 November 2018 to 31 October 2022, in the capacity of a Consumer Representative. I would like to draw to your attention that under this type of membership you will be eligible for remuneration.

Please find enclosed the *Prostheses Clinical Advisory Group Members Guidelines* and *Terms of References and Business Rules* setting out the governance arrangements for the management of this committee. To confirm your acceptance of this offer of appointment, would you please complete the following forms:

- Instrument of Appointment/Acceptance of Appointment;
- · Deed of Undertaking;
- · Personal Details and Remuneration form;
- Tax File Number Declaration, and
- Superannuation Fund Standard Choice.

Please return the forms within 10 days of this letter by emailing s 22 alternatively return to:

or

Prostheses Section
C/- Department of Health
GPO Box 9848 – MDP 910
CANBERRA ACT 2601

This information is required to formalise your appointment as well as facilitate future travel arrangements and payments for which you may be eligible. If you require any further assistance or information please contact the Prostheses Section on \$22

I appreciate your willingness to serve in this capacity, and would like to wish you a rewarding association with the committee.

Yours sincerely

**FOI 1844** 

s 22

Ms Julianne Quaine Assistant Secretary Office of Technology Assessment Branch January 2019

Office of Health Technology Assessment Branch MDP 910 GPO Box 9848 Canberra ACT 2601 Telephone: S 22 ABN 83 605 426 759 Email: S 22

**DOCUMENT 26**