**PUBLIC SUBMISSION**

**Public Administration Committee**

**Inquiry into the delivery of ambulance services**

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| *To ensure accuracy, please PRINT all information. Your personal contact details will* ***not*** *be published* | | |  |
| **CONTACT DETAILS**  **Title**  ☐ Mr ☐ Ms | ☐ Mrs ☐ Dr ☐ None | ☐ Other (please specify): |  |
| **First name:** |  |  |  |
| **Last name:** |  |  |  |
| **Mobile:**  **Work number:**  **Email:** |  |  |  |
| **SUBMISSIONS** |  |  | ☐ Yes |
| **Would you like your submission to be confidential?[[1]](#footnote-1)** | |  | ☐ No |
| **Would you like your submission to be name withheld?2** | |  | ☐ Yes ☐ No |
| **PUBLIC HEARINGS**  **Please indicate whether you would like to appear as a witness at a public hearing if requested** | | | ☐ Yes |
| *Please note that it is a committee decision to determine who will be invited to appear as witnesses at a public hearing* | | | ☐ No |
| **RELEVANT DOCUMENTATION**  **Please indicate whether you have any relevant documentation to share with the committee.**  *Please do not provide this documentation with your submission. The committee will contact you if it requires this documentation.* | | | ☐ Yes ☐ No |

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| **Issues**  *Please indicate which issues from the committee's Terms of Reference are relevant to your submission* |  |
| a. how 000 ambulance calls are received, assessed, prioritised and despatched in the metropolitan area and in the regions | ☐ Yes  ☐ No |
| b. the efficiency and adequacy of the service delivery model of ambulance services in metropolitan and regional areas of Western Australia | ☐ Yes ☐ No |
| c. whether alternative service delivery models in other jurisdictions would better meet the needs of the community | ☐ Yes ☐ No |
| d. any other matters considered relevant by the Committee. | ☐ Yes ☐ No |

**Your submission**

*Please provide a brief summary of your experience and any relevant issues. Your submission should respond to one or more of the committee's Terms of Reference*

**If there is insufficient room above to summarise your experience and relevant issues, please attach an additional page to this submission.**

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| **Proposed solutions**  *Please indicate any proposed solutions you may have that correspond to the committee's Terms of Reference* |
| a. how 000 ambulance calls are received, assessed, prioritised and despatched in the metropolitan area and in the regions |
| b. the efficiency and adequacy of the service delivery model of ambulance services in metropolitan and regional areas of Western Australia |
| c. whether alternative service delivery models in other jurisdictions would better meet the needs of the community |
| d. any other matters considered relevant by the Committee |

**Proposed solutions continued.**

**If there is insufficient room above to discuss your proposed solutions, please attach additional pages to this submission.**

1. Confidential submissions will only read by members of the committee and the secretariat. 2 Name withheld submissions may be published with all personal information redacted. [↑](#footnote-ref-1)