**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)