Northern Health

Northern Health
Consumer Network Application

1. Personal Information

Date of Application:		
Title:	Surname:	First Name:
Address:		
Suburb:		Postcode:
Home Phone:		Mobile:
Email Address:		
Preferred Method of contact: Email, Mail, Phone *(circle preferred)*		
If phone preferred, best day/time to call:		

How did you hear about becoming a Consumer Network Member?

2. Emergency Contact

Title:	Surname:	First Name
Address:		
Suburb:		Postcode:
Home Phone:		Mobile:
Email Address:		
Relationship to applicant: (ie spouse, parent, friend)		

3. Background

Date of Birth: Day……., Month…….. Year…… **Gender:** Male / Female *(circle)*

3.1 Are you of Aboriginal or Torres Strait Islander origin?

☐ Yes ☐ No (if No, go to question 3.2)

If Yes, are you

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

3.2 Do you identify as having a CALD (Cultural & Linguistically Diverse) background?

☐ Yes ☐ No (if No, go to question 3.5)

3.3 What is your country of origin? ……...

3.4 What language or languages do you mainly speak at home?

…….

3.5 Do you identify as having a disability or impairment?

☐ Yes (please specify)……

……...

☐ No (if No, go to question 3.7)

3.6 Do you have any specific requirements to help you participate?
(eg. in relation to availability, transport, mobility/disability, language, diet, childcare, respite)

☐ Yes (please specify)……...

……

……

☐ No

3.7 What is your current occupation (or previous roles)?

.....

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.....

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3.8 Would you be happy to attach your Resume?

☐ Yes ☐ No

4. Northern Health Experience

The following questions will help us get to know you better (Tick box)

4.1 Have you been one or more of the following?

	Tick		**Tick**
Patient of Northern Health		Carer of a patient	
Family member of patient		Community member	
Friend of patient			
When was your experience at Northern Health? (year):			

4.2 Would you like to be involved in projects across Northern Health? Please tick preferred site/s

	Tick		**Tick**
All of Northern Health Services		Craigieburn Health Service	
The Northern Hospital		PANCH Health Service	
Bundoora Extended Care Centre			

4.3 We offer different levels of involvement. Please tick your preferred activities.

Activity	Commitment	Tick
Committee or Working Group	Generally monthly 6-12 months 1-2 hours	
Projects	2 -3 meetings irregular 1 hour	
Focus Group	Meet once 1-2 hours	
Review of Resources	Meet monthly in a group	

4.4 What is your interest area/s? You may tick as many boxes as you like.

Specialty	Tick	Specialty	Tick
Aboriginal and Torres Strait Islander Health		Maternity & Womens Health	
Acute Inpatient Services - Medical		Nutrition	
Aged Care		Oncology	
Allied Health		Outpatient Services	
Community Services		Paediatrics	
Consumer Rights & Advocacy		Palliative Care	
Cultural Diversity and Health		People and Disability	
Day Procedure Unit		Rehabilitation / Respite	
Diabetes		Research	
Emergency Services		Surgical	
Inpatient Services			
Intensive Care Unit			
Other (please specify)			

4.5 If you have participated in any organisations or committees, please share some examples

(These examples may be from work, community, other)

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4.6 How many hours within the month are you prepared to commit to?

(Maximum hours)……

Your availability Days of the week……..

Times…….

We appreciate your time and thank you for your application

Northern Health
Consumer Participation
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