

## 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 ( <i>circle preferred</i> )		
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

**What is your country of birth?** .....

#### 3.2 What language or languages do you mainly speak at home?

.....

#### 3.3 Do you identify as having a disability or impairment?

Yes (please specify).....

.....

No (*if No go to question 3.5*)

#### 3.4 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

**3.5 What is your current occupation (or previous roles)?**

.....

.....

.....

.....

**3.6 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			
<b>When was your experience at Northern Health? (year):</b>			

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

