

EXPRESSION OF INTEREST FORM

Consumer Representative Workshop

1 December 2011

10.00am – 3.30pm

The Marque Hotel, 103 George Street, Brisbane

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Note: This is an application process as participant numbers are limited. Expressions of interest will be considered and participants will be notified.

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Please return this EOI form to Health Consumers Queensland before 25 November 2011

by:

Email: DSHCQ@health.qld.gov.au; or

Post: Health Consumers Queensland, PO Box 48, Brisbane QLD 4001

Phone: **(07) 3234 0611** (for assistance to complete the application form)

For more information about Health Consumers Queensland please see our website at:

www.health.qld.gov.au/hcq

Personal Details			
Surname:		Given Names:	
Address:		Postcode:	
Phone no:		Email:	
Organisation:			

To attend the workshop, do you have any support requirements?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details of your support requirements (e.g. a support worker, interpreter, material in alternate format to hard copy print etc) -				

To attend the workshop, do you have any dietary requirements?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details of any dietary requirements you require -				

TRAVEL AND ACCOMMODATION:

Health Consumers Queensland is offering some assistance for health consumers to attend this workshop, who without sponsorship (i.e. accommodation and travel) would be unable to attend.

Please complete the following table, if you wish to be considered for sponsorship to attend this workshop. Please indicate if you require travel and/or accommodation and/or other assistance.

TRAVEL REQUIREMENTS			
I would require flights to attend the workshop:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate any preferred flights or requirements: Same day return day, or overnight:			
Full name for travel booking:			
Frequent flyer number (if applicable):			
What other travel supports would you require to attend the workshop eg taxi vouchers, air train tickets. Please specify:			
ACCOMMODATION REQUIREMENTS			
I would require accommodation to attend the workshop:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate any special accommodation requirements:			
I would like to share a room with:			
OTHER REQUIREMENTS			
Do you have any other requirements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
These requirements are:			

SELECTION CRITERIA:

1. What has been your experience in relation to consumer representation (eg. Committees, working parties etc)?

2. What are the three key areas that you would like to see covered in an introductory workshop?

3. If selected to participate in this workshop, how will you share your workshop experiences with your member organisation and wider consumer networks?
