

# Consumer representative registration form

Thank you for volunteering to be a consumer representative for Central Queensland Hospital and Health Service. This means that your personal details will be added to our **Community of Interest** database. This database is used to by the health service to reach out to members of the Central Queensland community who have an in interest in helping improve their healthcare service.

Your personal details will remain confidential, and will only be used for the purposes of consumer engagement activities co-ordinated by the health service. We will remove your details at any time on your request.

## Contact details:

Title:		First Name:		Last Name:	
Address:	Number:				
	Street:				
	Town:				
State:		Postcode:			
Email:					
Contact Phone:		Contact Phone:			

## Information about you:

<b>Please tick the boxes that apply to you and provide details.</b>					
I am	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
My Age	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-39	<input type="checkbox"/> 40-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75+
Do you identify as Aboriginal and/or Torres Strait Islander?					
<input type="checkbox"/> Aboriginal		<input type="checkbox"/> Torres Strait Islander		<input type="checkbox"/> No	



Are you from a non-English speaking background?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please specify:	
Do you identify as a member of a cultural or ethnic group?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please specify:	
Do you identify as having a disability?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes		
What is your connection with Central Queensland Hospital and Health Service?			
<input type="checkbox"/> I am a current patient/consumer		<input type="checkbox"/> I am a past patient/consumer	
<input type="checkbox"/> I am a relative of a patient/consumer		<input type="checkbox"/> I live in the Central Queensland region	
<input type="checkbox"/> Other		<input type="checkbox"/> I am a current or past carer of a patient/consumer	
If "Other" please specify:			

## Your Participation and Healthcare Interests:

<b>Stay informed</b>	<input type="checkbox"/>	Receive health related information via email or post to keep informed on health activities and issues impacting on Central Queensland Hospital and Health Service.
<b>Participate</b>	<input type="checkbox"/>	Help develop and review patient information materials (e.g. brochures, factsheets and posters)
		Be invited to focus groups or forums on particular issues or projects
		Be asked to complete surveys and take part in online consultations
<b>Represent</b>	<input type="checkbox"/>	Attend formal committee(s) to provide advice and participate in decision making in health service health service improvement

What areas of the healthcare system do you have an interest in? (Please select all that apply)			
<input type="checkbox"/>	Aboriginal and/or Torres Strait Islander health services	<input type="checkbox"/>	Engineering and infrastructure (including, building refurbishments, new facilities, car parking)
<input type="checkbox"/>	Aged care and older person health services	<input type="checkbox"/>	Hospital support services (including, kitchen, laundry, patient travel and medical records)
<input type="checkbox"/>	Alcohol and other drugs service	<input type="checkbox"/>	Intensive care and emergency services
<input type="checkbox"/>	Allied health (including physiotherapy, social workers, occupational therapy, rehabilitation)	<input type="checkbox"/>	Medical and surgical services
<input type="checkbox"/>	Blood Borne Viruses and Sexual Health	<input type="checkbox"/>	Men's health
<input type="checkbox"/>	Bowel screen	<input type="checkbox"/>	Mental health
<input type="checkbox"/>	Breast screen	<input type="checkbox"/>	Oncology / Cancer care services
<input type="checkbox"/>	Child and family health services (including, child health, maternity and paediatric services)	<input type="checkbox"/>	Outpatient services
<input type="checkbox"/>	Culturally and Linguistically Diverse (CALD) (including, multicultural, interpreter services, health translation, deaf and hard of hearing)	<input type="checkbox"/>	Patient safety and governance (including, patient feedback, complaints and compliments)
<input type="checkbox"/>	Dental / Oral health	<input type="checkbox"/>	Women's health <input type="checkbox"/>

Please email this form to the Engagement Team at  
[CQHHS.Engagement@health.qld.gov.au](mailto:CQHHS.Engagement@health.qld.gov.au)

or Post to:  
 Engagement Team  
 Central Queensland Hospital and Health Service  
 Canning Street  
 Rockhampton QLD 4700