

Consumer Reference Group

Consumer Representative Application Form

Please complete the following form to express your interest in joining the Stirling Hospital Consumer Reference Group (CRG).

Contact details

Title: _____ **Gender:** _____

Name: _____

Address: _____

Mobile: _____

Email: _____

Age range: ☐ 18-24 ☐ 25-39 ☐ 40-64 ☐ 65-74 ☐ 75+

Please select any of the following that apply to you:

- ☐ I am a person with a disability
- ☐ I identify as an Aboriginal and/or Torres Strait Islander
- ☐ I identify as a member of a cultural or ethnic group
- ☐ I am a current or past practicing healthcare professional
- ☐ I am/have been a carer
- ☐ I am a person from a non-English speaking background
- ☐ I have been a patient at Stirling Hospital
- ☐ I have been a carer of a patient at Stirling Hospital

What services do you have consumer knowledge and experience of? *(select all that apply)*

	Day surgery	Overnight stay	Visitor
Stirling Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A public hospital in SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another private hospital in SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			

Please provide details on your engagement with Stirling Hospital:

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What healthcare experiences do you have knowledge of?

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What other healthcare areas / topics interest you?

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Please provide details of how you are actively involved in the community:

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Please provide any other information relevant to this application:

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I have a National Police Certificate or am willing to apply for one: ☐ Yes ☐ No

My preferred method of contact is: ☐ Email ☐ Mobile

Date: _____

Signature: _____

Thank you for taking the time to complete the application form for Stirling Hospital's Consumer Reference Group. Please submit your application to Katie Wood, Quality and Risk Manager, at kwood@stirlinghospital.org.au

By submitting the Consumer Representative Application Form, it means that you have consented to having your personal details added to the Stirling Hospital Consumer Engagement Register. Your personal details will remain confidential, and will only be used for the purposes of consumer engagement activities coordinated by the hospital.

You can accept or decline any offer to participate and at any given time your details can be removed from the Stirling Hospital Consumer Engagement Register on your request.