

Community of Interest registration form

Personal information

Given Name: Surname:

Email: Phone:

Address:

Gender: Male Female

Age range: 18-24 25-39 40-54 55-69 70yrs+

Information about you

Please tick each box that is relevant to you and provide details.

<p>a) I have experience as a consumer or am a family member or carer of a consumer in the Queensland Health system (e.g. patient in a hospital, community or health service)</p>	<p>Logan Hospital Beaudesert Hospital QEII Jubilee Hospital</p> <p>PA Hospital Redland Hospital Oral Health Services</p> <p>Other <input type="text"/></p>
<p>b) I am of Aboriginal and/or Torres Strait Islander descent</p>	<input type="text"/>
<p>c) I am from a non-English speaking background</p>	<input type="text"/>
<p>d) I identify as a member of a cultural or ethnic group</p>	<input type="text"/>
<p>e) I have a disability</p>	<input type="text"/>
<p>f) I am/have been a carer</p>	<input type="text"/>
<p>g) I am a member of a human service, community service and/or welfare organisation</p>	<input type="text"/>
<p>h) I am a member of a community network or group (e.g. support group, interest groups)</p>	<input type="text"/>
<p>i) I am a current/past health care professional</p>	<input type="text"/>
<p>j) I am a current / past public sector employee</p>	<input type="text"/>

Membership

Please choose your level of participation:

<p>Receive information</p>	<p>Receive health related information via email or post to keep informed on health activities and issues impacting on Metro South Health.</p>
<p>Participate in engagement activities</p>	<p>Receive health related information + invitations to participate in engagement activities to provide input into health service improvement.</p>
<p>Committee membership</p>	<p>Receive health related information + invitations to participate in engagement activities + attend formal committee(s) to provide advice and participate in decision making in health service improvement.</p>

Thank you for completing the registration for the Metro South Health Community of Interest. Please email this form to the Engagement Team using the 'Email' button below or post to: **Engagement Team, Metro South Health, PO Box 4043, Eight Mile Plains QLD 4113.**

