



Consumer Register

Expression of Interest

Thank you for your interest in helping us to improve our services. The EGHS Consumer Register outlines your areas of interest and the ways you would like to assist. To become part of our register please complete this form and post or email to:

Development and Improvement
East Grampians Health Service
PO Box 155, Ararat VIC 3377
jo.summers@eghs.net.au

Personal Details

Name: _____
Preferred title: <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other _____
Address: _____
Telephone: (H) _____ (W) _____ (M) _____
My preferred contact arrangement is by (tick ✓ one box): <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
Email address: _____

Please ✓ the response most relevant to you

Your age range: <input type="checkbox"/> 18-35 <input type="checkbox"/> 36-55 <input type="checkbox"/> 56-75 <input type="checkbox"/> >75
Your connection with East Grampians Health Service:
<input type="checkbox"/> I am a current patient/client/resident of EGHS
<input type="checkbox"/> I am a carer or relative of a patient/client/resident of EGHS
<input type="checkbox"/> I am a past patient/client/resident of EGHS
<input type="checkbox"/> Other

What are you areas of interest? (Acute Services, Aged Care, Chronic Disease, Hospital in general etc.)

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Which consumer participation approaches are you interested in? (Focus groups, committees, surveys etc.)

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General comments that are relevant to your participation: (e.g. mobility, language, community group membership, childcare etc.)

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