

# East Grampians Health Service

## CONSUMER REGISTRATION FORM

### Expression of Interest



Thank you for your interest in helping us to improve our health care 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 the form below:

#### PERSONAL DETAILS:

Name: \_\_\_\_\_

Preferred title:  Ms  Mrs  Mr  Other \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email address: \_\_\_\_\_

My preferred contact method is by:  Phone  Email  Mail

#### INFORMATION ABOUT YOU: (please ✓ the response most relevant to you)

**Your age range:**  18-35  36-55  56-75  >75

**Your connection with the health industry**

I am/have been a patient/client/resident of EGHS

I am a carer/relative of a patient/client/resident of EGHS

I am a current/past health care professional

I have been a volunteer at another health service

Other: \_\_\_\_\_

**What is/are your area of interest/s?**

Community Services (dental, physio, podiatry, district nursing, palliative care etc)

Emergency/Urgent Care

Outpatients

Disability

Surgical Services

Inpatient Services (ward, oncology, dialysis, maternity)

Residential Aged Care

All of the health services

Other: \_\_\_\_\_

**What capacity would you like to be involved in with EGHS?**

Time limited activities (ie. workshops, meetings, surveys, focus groups and audits/reviews)

Online consultation (ie. provide feedback on documents we send to you via email)

Committee representation (ie. become a consumer representative on a health service committee)



Integrity



Excellence



Community



Working Together



Learning Culture

**Why would you like to be involved?**

**General comments that are relevant to your participation** (any mobility, language, dietary or transport restrictions or childcare arrangements that need to be taken into account?)

**AGREEMENT:**

By completing and submitting the Consumer Register Form, it means you have consented to having your personal details added to our Consumer Engagement Register. Your personal details will remain confidential, and will only be used for the purpose of consumer engagement activities coordinated by EGHS. If at any stage you no longer wish to participate, please contact us and we will ensure your details are removed from the EGHS Consumer Engagement Register on your request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in becoming part of the EGHS Consumer Register. Please submit this form by email or post (or return this form to hospital reception):

**POST:** EGHS Volunteer Coordinator  
PO Box 155, Ararat VIC 3377

**EMAIL:** [rachel.loffler@eghs.net.au](mailto:rachel.loffler@eghs.net.au)

Any questions regarding the form please call (03) 5352 9443.



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