

Thank you for your interest in helping us to improve our health care services. Consumers provide valuable information on how services should be designed and delivered to best meet the needs of the people using those services. To register as a consumer, please complete the form below.

Note: Registering as a volunteer is a separate process. Please call to discuss if unsure.

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/have been 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 are your areas of interest? (tick as many as relevant)

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

☐ Emergency/Urgent Care

☐ Surgical Services

☐ Inpatient Services (ward, oncology, dialysis, maternity)

☐ Residential Aged Care

☐ Other: _____

What capacity would you like to be involved with EGHS? (tick as many as relevant)

☐ 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)



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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 registration 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.

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: volunteercoordinator@eghs.net.au

Any questions regarding the form please call (03) 5352 9481.



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