# Consumer\* Engagement Registration Form

Please complete the following form to express your interest in joining the Armadale Kalamunda Group (AKG) Consumer Engagement Register.

\*A health consumer is a patient, family member or carer of a patient.

Current employees are excluded from application.

## Contact Details

|  |  |  |
| --- | --- | --- |
| Title: Click to enter text | Given name: Click to enter text | Surname: Click to enter text |
| Male [ ] Other [ ]   | Female [ ]  | Date of application:Click to enter a date |
| Address:Click to enter text | Mobile:Click to enter text |
| Email: Click to enter text |

## Information About You (all information requested is to ensure diversity in the selection process)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age range: | 16-17 [ ]  | 18-24 [ ]  | 25-39 [ ]  | 40-64 [ ]  | 65-74 [ ]  | 75+ [ ]  |

|  |  |  |
| --- | --- | --- |
| Please select any of the following that apply to you: | I’ve had first-hand experience of health care service deliveryat AKG within the last five years  | [ ]  |
| 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 past practicing health care professional or current health care professional not employed by AKG  | [ ]  |
| I am/have been a carer of a patient using AKG services  | [ ]  |
| I am a person from a non-English speaking background  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| What facilities/services have you had experience with as a consumer/carer? (select all that apply) | Facility | Day visit e.g. clinic appointment | Overnight stay |
|  | Armadale Kelmscott Memorial Hospital |[ ] [ ]
|  | Kalamunda District Community Hospital |[ ] [ ]
|  | Armadale Mental Health Service |[ ] [ ]
|  | Other (please describe) | Click to enter text |

|  |  |
| --- | --- |
| What health issues do you have knowledge or experience of? | Click to enter text |

|  |  |
| --- | --- |
| What other healthcare areas or issues interest you, more generally? | Click to enter text |

How would you like to be involved with the Armadale Kalamunda Group? (Select one or more of the following)\*

|  |
| --- |
|[ ]  Be informed – receive AKG newsletters ( via email only) |
|[ ]  Time limited activities – get involved at workshops or meetings or in defined activities such as audits, to assist in improving services |
|[ ]  Committee representation – become a consumer representative on a hospital committee |
|[ ]  Represent your peers – attend and participate in focus groups on particular subject matters. |
|[ ]  Consumer review – provide your feedback on our publications (via email) |
|[ ]  Share your experience – assist us in pre-recording a video clip for staff education purposes |
|[ ]  Help educate/train – participate in our face-to-face staff education program |
|[ ]  Resolution management – assist with consumer feedback and complaints facilitation |

## Apply to Join AKGs Consumer Advisory Committee

If you wish to make application for the Consumer Advisory Committee please provide a statement below regarding the role (Chair, Consumer/Carer Representative) you wish to apply for and describing why you are suitable for the role.

|  |
| --- |
| Click to enter text |

For more information on how you can get involved visit [www.ahs.health.wa.gov.au](http://www.ahs.health.wa.gov.au).

|  |  |
| --- | --- |
| Please add any other comments: | Click to enter text |

### Thank You

Thank you for taking the time to complete your registration for participation in the Armadale Kalamunda Group’s consumer engagement strategy. Please submit this form to the AKG Consumer Liaison Office by email or post (see contact details below), or return this form to the Main Reception of either Armadale or Kalamunda Hospitals. If you need assistance completing the form please call (08) 9391 1153.

Email to: AKG\_ConsumerLiaion@health.wa.gov.au

Post to: Consumer Liaison Office

 Armadale Kalamunda Group

 PO Box 460

 Armadale WA 6992

By completing and submitting the Armadale Kalamunda Group Consumer Engagement Registration Form, means that you have consented to having your personal details added to our register. Your personal details will remain confidential and will only be used for the purposes of inviting you to consumer engagement activities coordinated by us.

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