Northern Health

Consumer Network Application

1. Personal Information

Date of Application:		
Title: (Pronouns)	Surname:	First Name: Preferred Name:
Address:		
Suburb:		Postcode:
Home Phone:		Mobile:
Email Address:		
Preferred Method of contact: Email, Mail, Phone *(circle preferred)*		
If phone preferred, best day/time to call:		

2. Emergency Contact

Title:	Surname:	First Name
Address:		
Suburb:		Postcode:
Home Phone:		Mobile:
Email Address:		
Relationship to applicant: (ie spouse, parent, friend)		

3. How did you hear about becoming a Consumer Network Member

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……

……

4 . About You

4.1 Date of Birth: Day……., Month……. Year……

Gender man/woman/self described …… (please specify – optional).

4.2 Are you of Aboriginal or Torres Strait Islander origin?

☐ Yes ☐ No (if No, go to question 4.3)

If Yes, are you

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

4.3 What is your country of birth? ……,,,

4.4 What language or languages do you mainly speak at home?

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4.5 Do you identify as having a disability or impairment?

☐ Yes *(if Yes, go to question 4.6)*

☐ No

4.6 Do you have any specific personal requirements that Northern Health could support you to participate on the Consumer Network?
(for example: mobility/disability, language, childcare, transport)

☐ Yes (please share any supports you may need) ……

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4.7 What skills, life experience and knowledge will you bring to the Consumer Network

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4.8 Providing your resume is optional.

☐ Yes ☐ No

5. Northern Health Experience

The following questions will help us get to know you better (Tick box)

5.1 Have you been one or more of the following?

	Tick		**Tick**
Patient of Northern Health		Carer of a patient	
Family member of patient		Community member	
Friend of patient			
When was your experience at Northern Health? (year):			

5.2 Would you like to be involved in projects across Northern Health? Please tick preferred site/s

	Tick		**Tick**
All of Northern Health Services		Broadmeadows Hospital	
Northern Hospital, Epping		Craigieburn Centre	
Bundoora Centre			

5.3 We offer different levels of involvement. Please tick your preferred activities.

Activity	Commitment	Tick
Committee or Working Group	Generally monthly 6-12 months 1-2 hours	
Projects	2 -3 meetings irregular 1 hour	
Focus Group	Meet once 1-2 hours	
Review of Resources	Meet monthly in a group	

5.4 What is your interest area/s? You may tick as many boxes as you like.

Specialty	Tick	Specialty	Tick
Aboriginal and Torres Strait Islander Health		Intensive Care Unit (ICU)	
Acute Inpatient Services - Medical		LGBTIQA+	
Aged Care		Maternity & Women's Health	
Allied Health		Nutrition	
Cardiology		Oncology	
Cancer Service		Outpatient Services	
Community Services		Paediatrics	
Consumer Rights & Advocacy		Palliative Care	
Cultural Diversity and Health		People and Disability	
Day Procedure Unit		Rehabilitation / Respite	
Diabetes		Research	
Emergency Services		Digital Health	
Health Literacy		Surgical	
Inpatient Services			
Other (please specify)			

5.5 If you have participated in any organisations or committees, please share some examples

(These examples may be from work, community, other)

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5.6 How many hours within the month are you prepared to commit to?

(Maximum hours)……

Your availability Days of the week……..

Times…….

We appreciate your time and thank you for your application

Northern Health
Consumer Participation
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