# **Consumer E-Network**

Expression of Interest

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **Date** |  |

1. **Why would you like to join the Consumer E-Network?**
2. **Which area/s of health or the health system are you interested in?**
3. **What skills and experiences would you bring to the Consumer E-Network?**

These questions, although not compulsory, provide us with important information on the diversity of our consumer representatives.

|  |  |  |  |
| --- | --- | --- | --- |
| What is your gender? | Female | Male | Other |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is your age group? | under 20 | 20-29 | 30-39 | 40-49 | 50-59 |
|  | 60-69 | 70-79 | 80 or over |

|  |  |
| --- | --- |
| In which country were you born? |  |

|  |  |  |
| --- | --- | --- |
| Do you speak a language other than English at home?  | No | Yes (please specify) |

|  |  |  |
| --- | --- | --- |
| Do you identify with any ethnicity?  | No | Yes (please specify) |

|  |  |  |
| --- | --- | --- |
| Do you identify with any religion?  | No | Yes (please specify) |

|  |  |  |
| --- | --- | --- |
| Do you have an ongoing disability?  | No | Yes (please specify) |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have healthcare experience as a | consumer | carer | family member  |

|  |  |  |
| --- | --- | --- |
| Are you affiliated with other consumer groups?  | No | Yes (please specify) |

**Confidentiality**

I understand in the course of my duties with the Consumer E-Network, the confidentiality of information relating to the health service, patients and staff is essential. I agree to not use or divulge to any other person any information to which I have access while volunteering with other than in the course of my volunteer duties or if required by law. I understand that breaching this duty of confidentiality is an offence.

Signature

Name

Date

Please return this form by:

* Post: Patient and Family Liaison, Locked Bag 100 Palmyra DC WA 6961
* Email: to FSFHGCAC@health.wa.gov.au

Enquiries to Patient and Family Liaison, phone 6152 4013.