**Expression of Interest – Participation in the Statewide Paediatric Sepsis work group**

**Closing date: Monday 6 November 2017**

The Healthcare Improvement Unit within the Department of Health is seeking consumer representation on the Statewide Paediatric Sepsis work group.

The consumer would be a parent of a child that was diagnosed with sepsis or a young adult that experienced sepsis as a child/teenager.

The consumer would be involved in monthly work group meetings and could be the only consumer on the work group with health professionals from Queensland Health.  You can request a copy of the draft Terms of Reference from Health Consumers Queensland to learn more about the work group and its scope of work (see contact details below).

The consumer experience that is shared will help to inform emergency management of paediatric sepsis. The focus of the work group is to develop a paediatric sepsis pathway for use in Queensland Health facilities.

The work group meeting will be held in Brisbane from 11.00-12.00 on the first Friday on each month except for November 2017 and January 2018. Video and teleconference facilities will be available if you do not reside in Brisbane.

**Support to attend:** The consumer will be paid $187 to participate in the meetings.

**Please complete this Expression of Interest and return to Health Consumers Queensland via consumer@hcq.org.au.** For assistance completing this Expression of Interest, please contact Health Consumers Queensland via email or by phone on 07 3012 9090.

For queries relating to the reference group, please call Denise Curran, Manager on 07 3328 9192 or email Denise.Curran@health.qld.gov.au

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|  Personal Details |
| Surname: |  | Given Name: |  |
| Address: |  | Postcode: |  |
| Phone No.:Mob: |  | Email: |  |
| Do you identify as Aboriginal and/or Torres Strait Islander? | Yes |[ ]  No |[ ]
| Do you identify as being Culturally or Linguistically Diverse? | Yes |[ ]  No |[ ]
| Do you identify as being from a non-English speaking background? | Yes |[ ]  No |[ ]
| Do you identify as being transport disadvantaged or physically isolated? | Yes |[ ]  No |[ ]
| Do you identify as having a disability? | Yes |[ ]  No |[ ]
| Are you a member of the Health Consumers Queensland Consumer Network? | Yes |[ ]  No |[ ]
| Are you happy for Health Consumers Queensland to share this form with Queensland Health as part of the process for this application? | Yes |[ ]  No |[ ]
| Would you like Health Consumers Queensland to retain this application for future vacancies? *Applications not retained are destroyed once the application process is complete.*  | Yes |[ ]  No |[ ]
| Do you have lived experience (as a parent or the child/teenager) of paediatric sepsis? | Yes |[ ]  No |[ ]

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| Other Needs and Requirements |
| I will require support to attend the forum | Yes |[ ]  No |[ ]
| I*f yes, please provide details and indicate other support that you require, for example, disability support worker, interpreter, Auslan interpreter, closed captioning, hearing loop, etc.*  |

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| Your responses to the following questions only need to be a brief sentence or two. |
| Please describe any experience (if any) as a health consumer representative including committees, focus groups, surveys, governance roles, etc or a speaker at an event. |
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| Please describe any connections you have to your community (e.g. networks, groups)? |
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| Please describe your interest in paediatric sepsis. |
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