**Expression of Interest for**

**Consumer place at the CheckUP Forum on 14 September**

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| **Personal details** |
| Full name:  |
| Phone number:  |
| Email: |
| Address: |
| Postcode: |
| By completing this application I consent for my details to be added to the Health Consumers Queensland network database  | 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 us to retain this application for future vacancies*Applications not retained are destroyed once the application process is complete.* | Yes | No |
| **Please highlight any group that you identify as being a part of:** |
| * Living with a disability/chronic condition
* Caring for someone with a disability
* Physically isolated or transport disadvantaged
 | * Culturally or linguistically diverse
* From a non-English speaking background
 |
| **Other needs and requirements** |
| Do you have any dietary requirements? If so please state: | Yes | No |
| Is there anything that will help you participate in this activity more fully? | Yes | No |
| *If yes, please provide details e.g. disability support worker, interpreter, closed captioning, hearing loop, central position to enable better hearing, etc.*  |

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| *Your responses to the following questions only need to be a brief sentence or two.* |
| Have you received any free tickets to similar conferences/showcases through Health Consumers Queensland this year?  |
| Yes / NoIf yes, what:  |
| Please describe any connections you have to your community (e.g. networks, groups) and how you will share what you learn with other consumers and community.  |
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| Please describe your interest in attending this forum.  |
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