**Expression of Interest for**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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.* | | | |

|  |
| --- |
| *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 / No  If 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. |
|  |
| Please describe your interest in attending this forum. |
|  |