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| My Maternity Decision Guide User Testing |

***Closing date: Close of business Tuesday 26 February 2019***

[**Clinical Excellence Queensland**](https://clinicalexcellence.qld.gov.au/)**, through the** [**Patient Safety and Quality Improvement Service**](https://clinicalexcellence.qld.gov.au/about-us/what-we-do/patient-safety-and-quality-improvement-service)**, is looking for up to 10 consumers to test the *My Maternity Decision Guide* and provide feedback including about how the resource can be improved to optimise the user experience.**

The *My Maternity Decision Guide* is being developed as an online resource and aims to empower women to make informed decisions about the care they receive throughout their maternity journey.

If you are a woman (or a family member of a woman) planning to become pregnant in the next 12 months, currently pregnant, or if you have been pregnant within the past 2 years, your feedback will help us ensure the online resource is useful and works the way it is supposed to.

Requirements

To participate you will need:

* Relevant and recent experience as a consumer of maternity health care or be a representative of a maternity consumer organisation
* Ability and willingness to represent the experiences of a wider group of people
* Access and ability to use a personal computer, tablet or smartphone
* **Availability to commit to user testing of up to 3 hours between the expected dates of:**
  + **4 March -10 March 2019; *and***
  + **25 March - 31 March 2019.**

Role and Responsibilities

The role of the consumer representative is to:

* Contribute a consumer perspective to improve My Maternity Decision Guide
* Use the login details we provide to access the testing environment.
* Use the online survey tool to provide confidential feedback within the stated timeframe.
* Provide advice on the general look and feel of the resource
* Provide advice on the content within the resource
* Provide advice on how the resource can be improved to optimise the user experience.

The Process

There is no requirement to travel or to attend any face-to-face meetings.

Successful participants will be provided with a username and password, which will provide access to the online testing environment. Participants will be asked to log in to the website at a time that suits them between the nominated dates. They may be asked to complete one or more tasks to assess how easy the resource is to navigate.

Participants will be asked to provide feedback via an online survey. The feedback provided will be considered and participants will be notified at the end of the process what feedback was accepted or excluded and why.

Remuneration

Participants will be remunerated a flat rate of $120 per completed feedback form.

How To Apply

Please complete this expression of interest form and return to Health Consumers Queensland via [consumer@hcq.org.au](mailto:consumer@hcq.org.au). For assistance completing this expression of interest please contact Health Consumers Queensland on 07 3012 9090 or via email at [consumer@hcq.org.au](mailto:consumer@hcq.org.au).

More information

If you have any questions or would like more information before committing, contact Michelle Rodgers at [PSQIS\_Maternity@health.qld.gov.au](mailto:PSQIS_Maternity@health.qld.gov.au).

Expression of Interest for

My Maternity Decision Guide User Testing

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| **Personal details** | | | |
| Full name: | | | |
| Phone number: | | | |
| Email: | | | |
| Address: | | | |
| Postcode: | | | |
| Preferred contact method: Phone email | | | |
| By completing this application I consent for my details to be added to the Health Consumers Queensland network database | | Yes | No |
| I would like to receive email updates from Health Consumers Queensland | | Yes | No |
| Are you happy for Health Consumers Queensland to share this form with Queensland Health as part of the process for this application?  *Qld Health will use this information to contact you during the consultation process.*  ***No personal information (including any feedback you provide) will be shared with anyone outside the immediate project team.*** | | 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 * Living in a rural or remote area | | |
| **Do you identify as:**  Aboriginal  Torres Strait Islander  Both  Prefer not to state | | | |
| **Are you a:**  Consumer  Partner/family member/support person | | | |
| **Are you, or your partner/family member:** | | | |
| * Planning to become pregnant in the next 12 months * Currently pregnant * Pregnant in the last 2 years | | | |
| **Age range**  16-24  25-29  30-39  40-49  50-59  60-69 70+ | | | |
| **Other needs and requirements** | | | |
| Is there anything that will help you participate in this activity more fully? | | Yes | No |
| *If yes, please provide details eg 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.* |
| Please describe any experience of maternity health care or a maternity consumer organisation |
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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 this topic |
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