(Insert name of opportunity here)

Eg. Application for Steering Committee Member

Future of Healthcare Queensland Project

Closing date: [insert closing date]

[Organisation name] eg. Queensland Department of Health

**Paragraph:** Brief summary of opportunity in bold. Touch on details such as characteristics of the consumers required, and what type of activity it is. (eg The Department of Health is providing a health consumer representative a unique opportunity to participate on the Steering Committee for the Future of healthcare in Queensland project.

**Paragraph:** Name of the organisation, and a brief description of what they do, and who they are funded by. If available, include a link to the organisation’s website.

Purpose

**Paragraph:** Overview of purpose and aims of committee/group

**Paragraph:** Key areas of committee’s work

**Paragraph:** Overview of committee membership

**Paragraph:** Specify if Terms of Reference are available and where to find them.

Role of the consumer

**Paragraph:** Description of the consumer/s role in the activity (eg receive information, provide information and feedback to the group, provide direct advice to inform decisions, provide feedback to influence future solutions)

**Eg.** The role of the successful applicant will be to attend all Steering Committee meetings and to actively participate in all Steering Committee activities such as pre-meeting reading, discussions, provision of feedback and advice.

Who is it for?

**Paragraph:** Any criteria that the consumer must meet

e.g. This opportunity would suit a consumer or carer representative with at least 6 months’ committee experience, either at the Hospital and Health Service, or Statewide level.

Time and location

**Paragraph:** Timing and frequency of meetings

**Paragraph:** Location of meetings. Any remote access options. Travel and parking arrangements.

Remuneration and Support

**Paragraph:** Details of remuneration (eg remuneration rate, travel and accommodation costs, expenses)

**Paragraph:** Supports that the consumer will be given (eg admin support, support for people with disability, support for a carer, interpreter, induction)

**Eg.** Consumers will be remunerated for their time in line with [Health Consumers Queensland’s remuneration position statement](http://www.hcq.org.au/wp-content/uploads/2015/12/Consumer-Remuneration-Rates-Dec-2015.pdf). Parking and travel expenses will be covered.

How to apply

**Please complete this consumer application form and return to****consumer@hcq.org.au**by (Insert date).

For assistance please contact Health Consumers Queensland via consumer@hcq.org.au or by phone on 07 3012 9090.

**Consumer Application Form**

**(Name of Opportunity)**

Full name:

Preferred phone number:

Email:

Postal address:

Postcode:

* Are you happy for Queensland Health (or the organisation) to share this form with Health Consumers Queensland as part of the process for this application? YES | NO
* By completing this application, I consent for my details to be added to the Health Consumers Queensland network database YES | NO Health Consumers Queensland can link you in with their Statewide Network, provide you with support and invite you to consumer opportunities.

Please highlight any group 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
* LGBTIQ+

Do you identify as: Aboriginal | Torres Strait Islander | Both | Prefer not to state

Are you a: Consumer | Carer

Age range: 16-24 25-29 30-39 40-49 50-59 60-69 70+

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender:** |  Male | Female | Intersex | Other | Prefer not to state |

Please describe any support you need to take part in this activity *(examples include support person, hearing loop, dietary requirements)*

*Your responses to the following questions only need to be a brief sentence or two*

*Example questions: Please edit or add/remove to relate to your consumer engagement*

1. Please describe your experience as a health consumer representative including committees, focus groups, surveys, governance roles, etc.

*Tip: Past consumer representative positions that have similar requirements to the opportunity you’re expressing interest in. Give an indication of how long each position was for, and any relevant highlights.*

1. **Please describe any connections you have to your community (e.g. networks, groups)***Tip: Think about how this relates to the role you’re applying for.*
2. Please describe your interest in this topic? *Tip: Although this section usually requires the longest response, try to keep it concise. Things to consider focusing on here include:* *any past lived experience that shows your understanding of the topic, or your understanding of the social/health/economic implications of the topic/condition, or Any systems change that you have identified that will improve care for health consumers, and possible strategies you could share to affect that change.*

*Referee Section if applicable*

* Please provide contact details for a staff member from a health service or department you are currently partnering with. (we will advise if you are shortlisted before we contact your referee).

Full name:

Staff Role:

Partnering Activity (eg. Committee Chair):

Organisation:

Phone number:

Email:

Applicant Role: