Application for Consumer representatives to join Queensland Health Website Transformation Advisory Group

Closing date: 9am, Monday 8th February 2021

Queensland Department of Health

**Queensland Health is seeking two consumer representatives to join its Website Transformation Advisory Group. The representatives will provide consumer perspectives on the transformation project, which includes the following website properties.**

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| --- | --- | --- |
| Department of Health | Departmental information | [https://www.health.qld.gov.au](https://www.health.qld.gov.au/) |
| Qld Government site | Queensland Health public content | [www.qld.gov.au/health](http://www.qld.gov.au/health) |
| HHS sites | Hospital and health Service sites | <https://www.health.qld.gov.au/services> |
| Campaign sites | e.g. Dear Mind campaign | <https://mentalwellbeing.initiatives.qld.gov.au> |
| Co-branded sites | e.g. BreastScreen Queensland | [https://www.breastscreen.qld.gov.au](https://www.breastscreen.qld.gov.au/) |

Purpose

The purpose of the Website Transformation Project is to deliver a better public health website network for patients, the public, clinicians, staff and other stakeholders.

The purpose of the Website Transformation Advisory Group (“the Advisory Group” or “WebTAG”) is to provide governance, advice and guidance to the project team running the Project within Strategic Communications Branch (SCB).

Benefits of the project

Thousands of Queenslanders rely on Queensland Health’s online public health information each day. Our current website network delivers a poor user experience because it is outdated, disconnected and inconsistent. We are failing to live up to our audiences’ expectations.

The new public health website network will provide trusted content accessibly, responsively and consistently. The Project will:

* give Queensland Health a leading digital presence within Queensland Government;
* enable delivery of a coherent narrative across the System which reflects our culture, values and commitment to excellence; and
* provide a new foundation for future internal initiatives, and a delivery channel for broader government web-based reform.

Membership

Advisory Group representatives will advise on the interests of:

* Hospital and Health Services and the Department of Health, including clinicians, communications professionals, technology stakeholders and regional staff;
* First Nations;
* the Queensland Government Customer and Digital Advisory Group within the Department of Communities, Housing and Digital Economy; and
* consumers.

Terms of Reference

Please find the WebTAG terms of reference attached.

Responsibilities

The successful applicants will be asked to attend WebTAG meetings and participate in activities such as pre-meeting reading, discussions, provision of feedback and advice.

Who is it for?

We are seeking two consumer representatives who have a good grasp of the challenges experienced by a user of Queensland Health websites. It would be useful for the representative to be able to provide insights as someone who has experience as a patient or carer in the Queensland Health system. We are looking for rural/regional perspectives as well.

Time and location

A meeting will be held monthly or every two months (as required). The meetings will take place online using Microsoft Teams. The duration of each meeting will be one hour.

Remuneration and Support

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).

How to apply

**Please complete this consumer application form and return to**[**consumer@hcq.org.au**](mailto:consumer@hcq.org.au)by 9am, Monday 8th February 2021.

For assistance please contact Health Consumers Queensland via [consumer@hcq.org.au](mailto:consumer@hcq.org.au) or by phone on 07 3012 9090.

**Consumer Application Form**

**Queensland Health Website Transformation Advisory Group**

Full name:

Preferred phone number:

Email:

Postal address:

Postcode:

* 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? YES | NO
* Have accessed Queensland Health websites YES | NO

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*

* 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.*

* **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.*
* Please describe your interest in joining the Queensland Health Website Transformation Advisory Group? *Tip: Although this section usually requires the longest response, try to keep it concise.*

*Referee Section*

* 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: