**Friends of TEHS**

**Expression of Interest**

If you need help in completing this form, please contact the Consumer Feedback Coordinator on 8922 6836.

**Contact Information**

Title  Mr  Mrs  Ms  Miss  Dr  Prof  Other

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | Given Name/s |  |
| Postal Address |  | Email |  |
| State/Territory |  | Home Ph |  |
| Post Code |  | Mobile Ph |  |

Age Range  18-24  25-39  40-54  55-69  70+

**Information about you**

|  |  |  |  |
| --- | --- | --- | --- |
|  | I have previously accessed health services in the Top End |  |  |
|  | I am Aboriginal and/or Torres Strait Islander | details: |  |
|  | I am a person living with a disability | details: |  |
|  | I am a person from a non-English speaking background | details: |  |
|  | I identify as a member of a cultural or ethnic group | details: |  |
|  | I am/have been a carer | details: |  |
|  | I am a member of a professional or academic body | details: |  |
|  | I am a current or past practicing health care professional | details: |  |
|  | I am a member of a human/community service/welfare org | details: |  |
|  | I am a member of an advocacy or rights based organisation | details: |  |
|  | I am an employee of a government agency (local/national) | details: |  |
|  | I am a statutory officer (e.g. Public Advocate) | details: |  |

Are you a member of any community networks or groups such as support groups, interest groups, leisure clubs etc? Yes  No

|  |  |
| --- | --- |
| Details: |  |

I have experience as a consumer representative

|  |  |
| --- | --- |
| Details: |  |

I have experience attending community meetings, community or government committees, boards, advisory/reference groups etc

|  |  |
| --- | --- |
| Details: |  |
|  |  |
|  |  |

**Areas of interest to you (please tick the service area and activities you are interested in)**

1. **Service Area:**

Hospital Services  Primary Health Care (community clinics)

Mental Health  Alcohol and Other Drugs

1. **Assistance with the following activities:**

Development of education programs for staff

Review of incidents within the health service

Developing and reviewing information for our consumers such as Internet pages, pamphlets, consumer information boards, etc.

Patient Experience Surveys – development of survey tools and action plans from survey results

Quality activities

Feedback Management processes

Safety and Quality Committee meetings

TEHS activities such as NAIDOC Week and R U OK Day

Business Planning

Evaluation of our services

Infrastructure upgrades

Developing or updating policy

Contract negotiations with other organisations or companies

**Other comments**

Please include any other comments or details of your experience with health services:

**Thank you for completing this Expression of Interest for participation in the Friends of TEHS (Top End Health Service). Please return this form via email to:** [**TEHSConsumerFeedback.DoH@nt.gov.au**](mailto:TEHSConsumerFeedback.DoH@nt.gov.au) **or mail to: attention: Consumer Feedback Coordinator TEHS, PO Box 41326 Casuarina NT 0811.**