**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 [x]  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** **or mail to: attention: Consumer Feedback Coordinator TEHS, PO Box 41326 Casuarina NT 0811.**