

Become a Consumer Representative

Nothing About Us, Without Us

At Merri Health we know that involving consumers in making decisions about their health improves health services and outcomes for the whole community.

We would like to invite you to join our Consumer Representative team.

Who is a Consumer?

Consumers (or healthcare consumers) are people, who use any type of health services, including patients receiving medical care or treatment, and their family and carers. To be considered a Merri Health Consumer you or your family member will have used our health services/programs.

Who is a Consumer Representative?

A Consumer Representative is a consumer, carer or family member who agrees to provide advice to improve health services at Merri Health and beyond. You may use your own experiences and views, and that of other consumers.

You have the opportunity to take part in decision-making, projects, events or committees. You can also lead a range of activities like designing, testing or reviewing handouts, policies, and even services.

Usually, this role is in a **volunteer** capacity. Sometimes you might be paid for out-of-pocket costs as a result of being involved. We will talk about this with you.

Why become a Consumer Representative?

Use your unique story to improve our health services and system, and help us to better understand the needs of consumers. We will support you with this.

Depending on your interest and availability, you can:

- Join our Pilot Consumer Advisory Committee (we recruit for this separately & there are limited spots)
- Take part in surveys, forums, focus group discussions and committees
- Help review written content, for example flyers, brochures or handouts
- Help review our sites and practices to make sure they're accessible and inclusive
- Help plan community forums on health and wellbeing
- Add value to planning, program development and other decisions
- Attend or present at conferences, workshops, events and trainings
- Share ideas about your initiative/ passion project – our team may be able to support you with ideas on how to bring them to life

- Get to meet other consumer representatives (for example, at morning teas, etc.)

We want to involve you when we make decisions for our community.

Become a Consumer Representative

Expression of Interest Form

Please complete as much or as little information as you feel comfortable providing.

Your information will help Merri Health to place you on a project or activity that is most relevant to your experience, and that may be of interest to you. It will also guide us in how well we are doing in involving a wide range of consumers from the many communities we support.

Your information will be handled and maintained in line with the Merri Health Privacy and Consent Procedure and relevant privacy legislation.

Personal and Contact Details			Date:
First Name:		Surname:	
Postal Address:			
Suburb:		Postcode:	
Phone (H):		Phone (W):	
Mobile:		Email:	
Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language/Auslan required:	
Do you need any other support (for example, information provided in audio format, translated material, or any other support you can think of)?			

Consumer involvement information
Tell us about yourself, including your experience as a consumer, carer or community member?



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Why are you interested in becoming a Consumer Representative with Merri Health?

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Which services at Merri Health have you or your family used?

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Do you have any areas/topics of interest where you would like to be involved or consulted?

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Are you interested in:

- Finding out more about our Consumer Advisory Committee?
- Joining the committee?

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How would you like us to contact you about opportunities?
 Phone/Mobile Email Mail (postal)

Demographic Information

Date of Birth: _____

Gender: Female Male Gender Diverse Prefer not to say
 Prefer to self-describe (specify): _____

Pronouns: She/her He/him Them/they Prefer not to say
 Prefer to self-describe (specify): _____

Do you identify as being part of one or more of the LGBTQIA+ community/ies? Yes No **If so, which community/ies?** _____

Country of birth: _____ **Cultural Background:** _____

Do you or your family identify as being Aboriginal and/or Torres Strait Islander?

No
 Yes, Aboriginal
Who? (e.g. me/my children/my partners/my mother etc): _____
 Yes, both Aboriginal and Torres Strait Islander
 Yes, Torres Strait Islander
Who? (e.g. me/ my children/ my partners/ my mother etc): _____

Religious Background: _____ **Language(s) spoken:** _____

Are you a carer? Yes No **What extra needs does the person you care for have?** _____

Do you have a health condition? Yes No **Condition type(s):** _____

Do you have any dietary requirements (for catering purposes)?

What is your preferred mode of transport? For example, your own car, public



transport, etc.

What days and times are you currently available*? Please tick & add any relevant information (e.g. after kids are in bed/after work)

<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat (only for special events)	<input type="checkbox"/> Sun (only for special events)
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

**We know this can change for you over time*

Emergency Contact Information

Who do we need to contact if something happens to you while you are at a Merri Health related event or meeting?

First Name:		Surname:	
Relationship to you:			
Postal Address:			
Suburb:		Postcode:	

Phone (H):		Phone (W):	
Mobile:		Email:	

Please tick this box if you would not like to keep up to date with what's happening at Merri Health

Where did you hear about being a Merri Health Consumer Representative?

What happens next?

Please send this form to Engage via one of the following:

- Email to engage@merrihealth.org.au
- Post to *Engage, Ground floor, Unit 4, 19 Pentridge Boulevard, Coburg 3058*
- Hand it to a staff member (same address as above)

You will be contacted in the next 2 weeks to let you know that we got your application.

If you have any questions, please call 1300 637 744.

Ask to speak to Amina from Merri Central.

You can also email us at engage@merrihealth.org.au

<i>To be completed by Merri Health Staff</i>			
<i>Date received:</i>		<i>CPR number:</i>	
<i>Staff Member name:</i>			

Last document review: 04 Nov 2022